

Employee

First Name: _____

Last Name: _____

Position: _____

Company

Company Name: _____

Job Site Address: _____

Supervisor Name: _____



Day	Date	Start	Finish	Break	Hours Worked	Duties Performed	Supervisor Signature
MON	/ /	:	:				
TUE	/ /	:	:				
WED	/ /	:	:				
THU	/ /	:	:				
FRI	/ /	:	:				
SAT	/ /	:	:				
SUN	/ /	:	:				
Total Hours:							

Have you had a safety induction for this site? ☐ Yes ☐ No**To ensure your pay is processed on time:**

- Complete this whole timesheet
- Submit by 9am Monday week
- All dates are correct and valid
- Timesheet will NOT be processed without supervisor signature

Payslips are emailed Monday and pay is processed Wednesday_____
EMPLOYEE NAME_____
SIGN_____
DATE_____
SUPERVISOR NAME_____
SIGN_____
DATE