



# ON-HIRED EMPLOYEE TIME SHEET

**IMPORTANT NOTE:** Office copy of time sheet must be received by noon on Monday. Time sheets will be paid at the agreed rate into your bank account on Thursday.

Employee Name (First)
Employee Name (Last)
Classification

Client
Ward / Unit / Patient

Employee Signature
Supervisor Signature
Print Supervisor Name
The above signature signifies acceptance of the total hours and the terms and conditions of Workforce Extensions.

Shift			Day								
AM	PM	ND		SAT	SUN	MON	TUE	WED	THU	FRI	
<b>Start Date</b>					D	D	M	M	Y	Y	
<b>Start Time</b> (24 Hour Clock)											
<b>Finish Time</b> (24 Hour Clock)											
<b>Meal Break</b> (Minutes, Delete if not taken)									3	0	
<b>Supervisor's Signature</b> (Required if meal break not taken)											
<b>Total Time Worked</b> (Hours & Minutes)											

**O H & S (This must be completed for payroll to be processed)**

- Did you undertake an induction when you first started work on this site ?..... **Y / N**
- Did you wear the required Personal Protective Equipment ?..... **Y / N**
- Were you involved in or did you witness any incident, accident or near miss ?..... **Y / N**

Conditions include: Rehire of an employee within 90 days must be through Workforce Extensions. Converting to clients employment on any basis incurs a Fee.

<b>Availability</b>						
(List the days and shifts you are available next week)						
TUE	WED	THU	FRI	SAT	SUN	MON
DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY
AM PM ND	AM PM ND	AM PM ND	AM PM ND	AM PM ND	AM PM ND	AM PM ND

## WORKFORCE EXTENSIONS

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