



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.

Week Ending Date: / /200_

Employee Name:

Department:

Company Name:

Supervisor:

| DAY | DATE | START | FINISH | MEAL BREAKS | TOTAL HRS | SUPERVISOR'S SIGNATURE | THIS SECTION FOR OFFICE USE ONLY | | | |
|-----------------------|------|-------|--------|--------------|-----------|------------------------|----------------------------------|-----|-----|-----------|
| | | | | | | | 1.0 | 1.5 | 2.0 | ALLOWANCE |
| SAT | | | | | | | | | | |
| SUN | | | | | | | | | | |
| MON | | | | | | | | | | |
| TUES | | | | | | | | | | |
| WED | | | | | | | | | | |
| THUR | | | | | | | | | | |
| FRI | | | | | | | | | | |
| Employee's Signature: | | | | TOTAL | | | | | | |
| | | | | WEEKLY HOURS | | | | | | |

The above signature signifies acceptance of the total hours and the terms and conditions of Workforce Extensions.

Comments:

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

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

Availability (Tick the boxes for the days you are available next week)

| | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| SA | SU | M | TU | W | TH | F | ALL |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Conditions include: Rehire of an employee within 90 days must be through Workforce Extensions. Converting to Permanent incurs a Fee.

White-Workforce Extensions, Blue- On Hired Employee, Yellow- Host/Client

Workforce Extensions Frankston Office
 Suite 1, 1 Frankston Gardens Drive, Carrum Downs VIC 3201
 T (03) 1300 WORKXS F (03) 1300 850 727