



# 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: / /20\_\_

Employee Name:

Dept/Site:

Client Name:

Supervisor:

DAY	DATE	START	FINISH	MEAL BREAKS	TOTAL HRS	THIS SECTION FOR OFFICE USE ONLY			
						1.0	1.5	2.0	ALLOWANCE
MON									
TUES									
WED									
THUR									
FRI									
SAT									
SUN									
Employee's Signature:				<b>TOTAL</b> WEEKLY HOURS					

Supervisor's Signature:

**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**

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

**Comments:**

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

MON	TUE	WED	THUR	FRI	SAT	SUN	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

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