



# 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:

Department:

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><br>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)**

|                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>MON</b>               | <b>TUE</b>               | <b>WED</b>               | <b>THUR</b>              | <b>FRI</b>               | <b>SAT</b>               | <b>SUN</b>               | <b>ALL</b>               |
| <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 Bendigo Castlemaine**  
 56 Vine Street, Bendigo Vic 3350  
 P: 1300 132 127 or (03) 5441 4933 F: (03) 5444 5139