

ON-HIRED EMPLOYEE TIME SHEET



Workforce Extensions | North Adelaide Health
 (T) (08) 8267 3253 northadelaidehealth@workforcexs.com.au

Week Ending: / /

Employee Name:	Employee Number:	Job Venue Name:	Job Site Suburb:
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DAY	DATE	WARD	START	FINISH	MEAL BREAKS	SHIFT SUPERVISOR NAME	SUPERVISOR SIGNATURE	This section for office use only				
								Total Hours	1.0	1.5	2.0	Allowance
MON												
TUES												
WED												
THURS												
FRI												
SAT												
SUN												

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 witness any incident, accident or near miss? Y / N

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