

ON-HIRED EMPLOYEE TIME SHEET



Week Ending: / /

Workforce Extensions | Strathfield Health
(T) 1300 818 618 strathfieldhealth@workforcexs.com.au

Employee Name:

Department:

Client Name:

Supervisor:

DAY	DATE	START	FINISH	MEAL BREAKS	TOTAL HOURS	This section for office use only			
						1.0	1.5	2.0	Allowance
MON									
TUES									
WED									
THURS									
FRI									
SAT									
SUN									
Employee's Signature:				TOTAL WEEKLY HOURS					
Supervisor's Signature:									

AVAILABILITY NEXT WEEK <i>Please tick</i>	
MON	
TUES	
WED	
THURS	
FRI	
SAT	
SUN	
ALL	

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.

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