

## ON-HIRED EMPLOYEE TIME SHEET

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

Week Ending: / /

Employee Name:

Department:

Client Name:

Supervisor:

DAY	DATE	START	FINISH	MEAL BREAKS	TOTAL HOURS	This section for office use only				AVAILABILITY NEXT WEEK <i>Please tick</i>		
						1.0	1.5	2.0	Allowance			
MON											MON	
TUES											TUES	
WED											WED	
THURS											THURS	
FRI											FRI	
SAT											SAT	
SUN											SUN	
Employee's Signature:				<b>TOTAL WEEKLY HOURS</b>							<b>ALL</b>	
Supervisor's Signature:												

*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.