

TIME SHEET

**PLEASE ENSURE YOUR TIME SHEET IS SIGNED AND FAXED
NO LATER THAN 9.00AM MONDAY MORNING
FAX : (02) 9264 6007**



EMPLOYEE NAME _____

SIGNATURE _____

COUNCIL _____

WEEK ENDING SATURDAY _____

	Date	Start Time	Finish Time	Less Lunch	Ord Hours	O/T x 1.5	O/T x 2	O/T x 2.5	Total Hours
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Totals									

Travel or Accommodation Reimbursement Claim: _____

Supervisor to complete:

Please rate the employee's work performance below: ✓

Excellent	
Very Good	
Good	
Please phone to discuss	

Supervisor's name: _____

Supervisor's Signature: _____

Complete only if change in employee personal details:

Address:		
Home Phone No:	Mobile Phone No:	
Bank:	Branch :	BSB:
Signature:	Account No:	