

Employee Name	Week Ending Sunday									
Employee Position					OFFICE USE ONLY					
Employee Signature	Day	Date	Start Time	Finish Time	Normal Time	Time & Half	Double Time	EXTRAS shift,meal,travel	Comments	
Company Name	Monday		am / pm	am / pm						
Site Address	Tuesday		am / pm	am / pm						
Supervisor's Signature	Wednesday		am / pm	am / pm						
Name:	Thursday		am / pm	am / pm						
Title:	Friday		am / pm	am / pm						
Team Leader's Signature	Saturday		am / pm	am / pm						
Name:	Sunday		am / pm	am / pm						
Title:	TOTAL HOURS									

WOLLONGONG: Unit 14 / 30 Swan Street Wollongong, NSW 2500
CANBERRA: Level 1, Suite 6, 25 Lonsdale St Braddon, ACT 2612
NEWCASTLE: Ground Floor. 16-18 Newcomen St, Newcastle NSW 2300
 PO Box 520, Newcastle NSW 2300

HEAD OFFICE: 1300 961 327 | **FAX:** 1300 783 327
WOLLONGONG OFFICE: 02 4201 2299

