

## STANDARD LMT TIMESHEET FORM - DO NOT USE FOR OVERTIME

### Shift Details

Name of LMT Champion

Select Employee Name

Shift Start Date

Shift End Date

Select Role

### Employee Details

Agency

Shift Name

Shift Time

Job Title

Daily Hours

Day/Night

STC

### Employee Information

Employee Fullname

Employee No

Emp Start Date

Team Leader

Department

Contract

### Task Hours

INBOUND	OUTBOUND	INDIRECT	OTHER	ABSENCE	OFFTASK	MGT
Tip <input type="text" value="0"/>						
Receipt QC <input type="text" value="0"/>						
Receipt <input type="text" value="0"/>						
Inbound Marshall <input type="text" value="0"/>						
Putaway Trolley Build <input type="text" value="0"/>						
Putaway To Shelf <input type="text" value="0"/>						
Putaway Decant <input type="text" value="0"/>						
Total Inbound						<input type="text" value=""/>

### TASK SUMMARY

Total Inbound

Total Outbound

Total Indirect


Total Other

Total ASH


Total Off Task

Total MGT

**TOTAL HOURS**

 Cancel

Validate Entry

 Submit Timesheet