

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