

Name: _____ W/E: _____

	MON	TUE	WED	THU	FRI	SAT	TOTAL HRS
START & FINISH TIME							
JOB/HRS							
JOB/HRS							
JOB/HRS							
JOB/HRS							
TOTAL HRS							

By signing this form I take full responsibility for the hours stated above and confirm the information is correct and true.

Employee Signature _____ Date _____

Authorised By _____ Date _____



TIME SHEET

Fax Number 02 8668 4892
admin@smartplumbingsolutions.com.au

Call 1800 69 SMART (76278)

OFFICE USE ONLY

JOB	HOURS

	MON	TUE	WED	THU	FRI	SAT	TOTAL
TOTAL HRS							
NOR							
1.5							
2							

TOTAL NORMAL PAY LESS 4HR RDO	
TOTAL TIME AND HALF (1.5)	
TOTAL DOUBLE TIME (2T)	
TOTAL PRODUCTIVITY HRS	
TOTAL RDO HRS TAKEN	
TOTAL SICK TAKEN	
TOTAL HOLIDAY TAKEN	
TOTAL TRAVEL DAYS	
TOTAL SITE ALLOW.	