



Employee Name:	
Client:	
Site :	Week Commencing

**PLEASE FILL IN EVERY BOX, IF IT IS NOT FILLED OUT IT WILL BE RETURNED TO YOU**

Day	Start Time	End Time	Breaks	Total Hours to be paid	Supervisor Initials
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

TOTAL HOURS TO BE PAID:
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Employee Signature:	Date & Time
Authorising Supervisor Name	Position
Supervisor Signature:  <b>IN SIGNING THIS YOU ARE ACCEPTING THAT THE TOTAL HOURS ABOVE ARE CORRECT AND YOU CONFIRM THE INVOICE WILL BE APPROVED FOR THE HOURS YOU HAVE SIGNED FOR.</b>  <b>PLEASE ENSURE YOU HAVE APPROPRIATE AUTHORITY TO SIGN THIS DOCUMENT.</b>	Date & Time

Comments
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**We advise you take a 30 min break each day for your health and wellbeing, this needs to be added to your timesheet and you will not be paid for this 30 mins.**

**Timesheets must be with GR8 no later than 11am Monday , if is not correctly filled out it will returned to you and must be corrected and with GR8 by 9am Tuesday. Any timesheets submitted after this time will not be included in the payroll and will be paid the following week. Any exceptions need to be approved by a Director. If you want to discuss this please contact the office 488788.**