

WEEKLY TIME SHEET

Track Safe Solutions Australia



Employee Name _____

Swing start date _____

Client Supervisor Name _____

Swing end date _____

Day	Date	Hours Worked	Project Title	Client / Company	Shift Day / Night	Light Vehicle I.D	Client Representative Signature
Thursday							
Friday							
Saturday							
Sunday							
Monday							
Tuesday							
Wednesday							
	Total hours				Total shifts LV used		
TSSA Office use only	Rate per hour		Please email time sheets weekly to: tracksafesolutions@outlook.com				
TSSA Office use only	Total pay						

Thank you for your ongoing work, Track Safe Management

Employee signature

Date

Client Supervisor Signature

Date