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EMPLOYEE TIMESHEET

Employee Name:	Client (Company) Name:
Employee Contact Number:	Assignment Description:
Week Ending (Sunday):	Assignment Location:
Safeworking Classification:	Purchase Order # (If Applicable):

								Office Use Only		
Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday			
Date:										
Shift Start:										
Meal Break:										
Shift Finish:										
Total Hours:										
Shift Over 12hrs: (Circle)	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N			

Total Daily Hours							Units	Rate	Value		
	А										
Time	в										
	С										
	D										
	Е										
Allowances								Units	Rate	Value	
Travel Hrs:											
Travel (KMs)):										
Car Allowand	ce:										
LAHA:											
Client Paid LAHA:	1										
Phone Allowance:	:										
A = Normal time B = Time/Half C = Double Time D = Public Holiday E = Night Shift											

Employee	Client
Name:	Name:
Employee	Client
Signature:	Signature:
Date Signed:	Client
	Contact#:

Send time note to AJ Safeworking PTY LTD Office at timesheets@ajsafeworking.com.au [Must Be Ticked] I declare that the above hours worked are true and correct to the best of my knowledge. Timesheets must be received by the AJ Safeworking Pty Ltd office before 11:30 AEST Monday. Employees are to follow up with a text message to ensure AJ Safeworking Pty Ltd has received all documentation to assist with payment of wages. Failure to do so may result in delays with payment of your wage.