



# TIME SHEET

Employee Name: \_\_\_\_\_

Client: \_\_\_\_\_ Site: \_\_\_\_\_ Order No: \_\_\_\_\_

Have you read this week's safety bulletin?

Yes  No

Have you encountered any site hazards which differ from that documented on the JSA?

Yes  No

Day	Date	Start Time	Finish Time	Details/ Duties	Time Off	Hours (less Time Off)
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

Employee's Signature: \_\_\_\_\_ Supervisor's Signature: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

All parties signing this form declare that the hours stated above are true and correct.

**EMAIL SIGNED TIMESHEET BY 12PM MONDAY**

Email: [payroll@sosemployment.com.au](mailto:payroll@sosemployment.com.au)