



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