

Employee Name: _____ Week ending: _____

Position: _____ Client Name: _____

Supervisor Name: _____ Site location: _____



Safety Check List: Please tick each box to confirm your site safety induction and sign below

I have been inducted at this site I have signed relevant site SWMS I understand site emergency procedures

I have completed Pre-starts I understand my job tasks I know who is the site First Aid Officer

I am aware of the hazards on site I know how to report incidents **Employee Signature**

Timesheet **MUST** be emailed to payroll@aci.com.au by 10am MONDAY morning.

Hours worked USE 24 Hour CLOCK EG. START 06.00 LUNCH BREAK .30 FINISH 17.30

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	TOTAL
START TIME	:	:	:	:	:	:	:	
LENGTH OF BREAK	:	:	:	:	:	:	:	
FINISH TIME	:	:	:	:	:	:	:	
HOURS WORKED	:	:	:	:	:	:	:	:

I confirm these hours are a correct record of the hours that I have worked. **Your signature**.....

Authority to Pay (completed by Company Representative)

_____ HOURS

I hereby certify the total hours worked are (total in words, not numbers)

Name

Signature

As supervisor, I confirm that the hours above are correct for payment & invoicing and confirm they will not be disputed.

TIMESHEET MUST BE SIGNED DAILY BY SUPERVISOR OR WAGES WILL NOT BE PAID.