



PLEASE REMIT AUTHORISED TIMESHEETS BY 12:00noon TUESDAY

ADMINISTRATION CENTRE
Pay Enquiries Ph 03 5382 5322
Timesheet Fax 03 5381 2973

15-17 Dimboola Road
PO Box 930
Horsham 3402

email: info@workco.com.au
website: www.workco.com.au
ABN 18 092 943 318

| | | | |
|----------------|----------------|-------------------------|----------------|
| Employee Name: | Host Employer: | Sunday Week Ending: / / | Job/Order No.: |
|----------------|----------------|-------------------------|----------------|

| Day of week | MON | TUE | WED | THUR | FRI | SAT | SUN | |
|---|-----|-----|-----|------|-----|-----|-----|-------------|
| Date | | | | | | | | |
| Times Start | am | am | am | am | am | am | am | |
| | pm | pm | pm | pm | pm | pm | pm | |
| Finish | am | am | am | am | am | am | am | |
| | pm | pm | pm | pm | pm | pm | pm | |
| Start | am | am | am | am | am | am | am | Total Hours |
| | pm | pm | pm | pm | pm | pm | pm | |
| Finish | am | am | am | am | am | am | am | |
| | pm | pm | pm | pm | pm | pm | pm | |
| Hours on the Job | | | | | | | | |
| Hours at School | | | | | | | | |
| Hours Annual Leave | | | | | | | | |
| Hours Sick Leave <small>(Please attach Doctors Certificate)</small> | | | | | | | | |
| Hours Public Holidays | | | | | | | | |
| Hours Rostered Day Off | | | | | | | | |
| Hours Absence with Pay ** <small>(Please note reason below)</small> | | | | | | | | |
| Hours Absence without Pay ** <small>(Please note reason below)</small> | | | | | | | | |
| RDO Accrual Hours | | | | | | | | |

| Distribution |
|------------------------------------|
| White: Original copy to WORKCO Ltd |
| Yellow: Duplicate to Host Employer |
| Green: Triplicate to Employee |

| Allowances | Rate | | |
|------------|------|----|--|
| Tools | | \$ | |
| Fares | | \$ | |
| Shift | | \$ | |
| Meal | | \$ | |
| Site | | \$ | |
| Other | | \$ | |

IS YOUR TIMESHEET CORRECT?

Refer to the 6 point checklist at the front of this book before sending

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| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| Other Penalties | | | | | | | | |
| Overtime @ Time and 1/2 | | | | | | | | |
| Overtime @ Double time | | | | | | | | |
| ** Reason/Comments (i.e. workcover, compassionate leave etc.): | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

I CERTIFY THAT THE ABOVE INFORMATION IS A TRUE AND ACCURATE RECORD

| | | | | |
|--------------------|----------|--------------------------|-------------------------|----------|
| EMPLOYEE SIGNATURE | DATE / / | HOST EMPLOYER PRINT NAME | HOST EMPLOYER SIGNATURE | DATE / / |
|--------------------|----------|--------------------------|-------------------------|----------|