

# TIME SHEET

FAX TO : 02 9495 4455



APPRENTICE /TRAINEE FULL NAME \_\_\_\_\_

HOST ORGANISATION NAME: \_\_\_\_\_

WEEK ENDING : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**NOTE: Fill in your timesheet every day. This timesheet should reach HTN's Pay Office by fax before 08:00 am each Monday. No cover sheet required. If you need help call the pay officer on 9495 4450**

Day & Date	Start Time	Stopped for Break	Start Work After Break	Finish Time	Normal Hrs Daily Total	Authorised Overtime			PAY OFFICE USE ONLY			
						Date	Start	Finish	O/T Daily Total	O/T x 1.5	O/T x 2	P/H x 2.5
Mon / /												
Tue / /												
Wed / /												
Thur / /												
Fri / /												
Sat / /												
Sun / /												
<b>Total Hours including TAFE day&gt;&gt;&gt;&gt;</b>						<b>Total Overtime Hours &gt;&gt;&gt;&gt;</b>						

**If total hours worked is greater than 38, you need to record your overtime in the space provided at the right side of this form**

APPRENTICE'S SIGNATURE: \_\_\_\_\_

SUPERVISOR'S SIGNATURE: \_\_\_\_\_

SUPERVISOR'S NAME : \_\_\_\_\_

**PAY OFFICE USE ONLY**