



Employee Name: _____

Position: _____

Supervisor Name: _____

Week ending: _____

Client Name: _____

Site location: _____

Timesheet Number:

Safety Check List : Please tick each box to confirm your site safety induction and sign below		
<input type="checkbox"/> I have been Inducted at this site	<input type="checkbox"/> I have signed relevant site SWMS	<input type="checkbox"/> I understand site emergency procedures
<input type="checkbox"/> I have completed Pre-starts	<input type="checkbox"/> I understand my role on site	<input type="checkbox"/> I know where First Aid is located on site
<input type="checkbox"/> I know where the muster point is	Employee Signature	

Please state if lunches have been taken. If your lunch break is not marked clearly 1/2hr will be deducted. Timesheet MUST be emailed to HR@expertworkforce.com.au by **Tuesday COB**.

Employee & Supervisor to complete					Supervisor Signature	OFFICE USE ONLY		
Day	Date	Start	Lunch	Finish				
Wed								
Thurs								
Fri								
Sat								
Sun								
Mon								
Tues								

Employee & Supervisor to complete					Supervisor Signature	OFFICE USE ONLY		
Day	Date	Start	Lunch	Finish				
Wed								
Thurs								
Fri								
Sat								
Sun								
Mon								
Tues								

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.