



Employers of apprentices and trainees
A.B.N. 66 010 643 866

P.O. Box 358, IPSWICH, Q. 4305
TEL: (07) 3281 9822
FAX: (07) 3202 1925

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T/A

TIME SHEET

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NAME				HOST TRAINER or COLLEGE			
TRADE		YEAR		WEEK ENDING		PAYROLL No.	
		1	2	3	4		

SPECIAL INSTRUCTIONS

1. Time Sheets are required to be at the office by 2:00pm Monday.
2. Incorrectly completed Time Sheets may delay payment of wages.
3. If you are absent from work for any reason you are required to phone IMMEDIATELY. Wages may not be paid if this office is not advised.

DAY	DATE	START TIME	START LUNCH	FIN. LUNCH	FIN. TIME	ORD HRS WRKD	O/T HRS WRKD	ALLOWANCES
S	/							
S	/							
M	/							
T	/							
W	/							
TH	/							
F	/							
TOTAL ORDINARY HOURS WORKED								MESSAGES
TOTAL OVERTIME HOURS WORKED								

I certify that the above information is correct.

I certify the above hours have been worked.
I acknowledge that payment for these hours is due 7 days from date of invoice.

Employee

Host Trainer/Teacher

CHECKED PAID CHARGED

White Copy - Payroll
Yellow Copy - To Host Trainer/College