Australian Work Force

EMPLOYEE TIME SHEET

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****Please Fax through Timesheet no later than Wednesday morning****

COMPANY NAME: DATE:
W/END:

SITE ADDRESS:

JOB DESCRIPTION: JOB NO:

NAME OF EMPLOYEE:

EMP. NO :

EMPLOYEE NO:	DATE	START TIME	BREAKS	FINISH TIME	SUPERVISORS SIGNATURE	HOURS (OFFICE USE) MAX	MIN