



RECRUITMENT & LABOUR HIRE

1300 083 599

Employee Name: _____ Week ending: _____

Postion: _____ Client Name: _____

Supervisor Name: _____ Site location: _____

Timesheet Number: _____

Safety Check List : Please tick each box to confirm your site safety induction and sign below

I have been Inducted at this site
 I have signed relevant site SWMS
 I understand site emergency procedures
 I have completed Pre-starts
 I understand my role on site
 I know where First Aid is located on site
 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 timesheets@finaltrimoperators.com.au by 12noon EACH SUNDAY.

Employee & Supervisor to complete				
Day	Date	Start	Lunch	Finish
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Supervisor Signature	OFFICE USE ONLY		

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.