

SMART EMPLOYMENT SOLUTIONS

ABN 68 067 508 338

TOP FLOOR, 3360 PACIFIC HWY,
 SPRINGWOOD QLD 4127
 NATIONAL: 133 024 FAX: (07) 3209 1771

WEEKLY TIMESHEET

Apprentice/Trainee Name: _____

Host Trainer Name: _____

Host Trainer Phone: _____

Week Ended: _____

DAY	DATE	START TIME	MEAL BREAK	FINISH TIME	HOURS WORKED	FARES	TRAVEL ALLOW.	SITE ALLOW.	HEIGHT ALLOW.	EXCESS KLMS	OFFICE USE ONLY						
											ORD.	T1/2	DT	Fr/tr	SITE	Hgt	Oth.
MON			½ HR														
TUES			½ HR														
WED			½ HR														
THURS			½ HR														
FRI			½ HR														
SAT			½ HR														
SUN			½ HR														
Previous week Adjustment																	

PLEASE NOTE: ALL APPRENTICES AND TRAINEES MUST TAKE A HALF HOUR LUNCH BREAK EACH DAY UNLESS OTHERWISE DIRECTED BY YOUR HOST EMPLOYER. IF YOU DO NOT TAKE A BREAK PLEASE CROSS OUT THE MEAL BREAK BOX.

DATE OF LAST TRAINING

Legend:
 COLL: COLLEGE DAY
 AL: ANNUAL LEAVE
 PH: PUBLIC HOLIDAY
 OTH: OTHER (Please Specify)

SICK: SICK DAY (Claims for Sick day must be accompanied by a medical certificate)
 WC: Workers Compensation
 RDO: Rostered Day Off
 RAIN: Rain Day - Must Ring

OTHER COMMENTS:

RECORD CONFIRMED BY HOST

I CERTIFY I HAVE WORKED THE ABOVE HOURS:

Host Signature _____

Apprentice/Trainee Signature _____

Date: _____

Date: _____

Distribution:
 White Copy Fax to Payroll by 5.00pm Monday and Retain
 Pink Copy To Host Employer