

TIMESHEET

Email your approved timesheet to **timesheets@itch.com.au** by **10AM EVERY MONDAY** (including if no hours for the week)



YOUR NAME: _____ **SITE LOCATION:** _____
CLIENT COMPANY: _____ **POSITION:** _____

PART A | PLEASE COMPLETE

DAY	DATE	START TIME HRS: MINS	FINISH TIME HRS: MINS	BREAK HRS: MINS	SHIFT TYPE TRAINING / DAY / NIGHT	TOTAL HOURS HRS: MINS	ZERO HOURS
Example	01/06/22	09:00	17:00	0.5	Day	7.5 (exact hours worked)	X
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
SUNDAY							
						TOTAL HOURS	

**Times should be rounded to the nearest 15 minutes.
 Time calculation guide 15 mins = 0.25 hours, 30 mins = 0.5 hours, 45 minutes = 0.75 hours*

PART B | PLEASE COMPLETE. In signing this timesheet, you are declaring the following:

1. You have completed this timesheet as per all instruction, both written + verbal; and that any failure to do so may result in your pay being delayed.
2. You have verified the accuracy of the hours shown above.
3. You have received, read, and understood your obligations under your employment contract.

WEEK ENDING
 Sunday ____ / ____ / ____

Is this timesheet for training? YES NO
 Suffering any physical pain, injury or soreness? YES NO
 I've had the option to take appropriate breaks? YES NO

EMPLOYEE'S SIGNATURE _____ DATE _____

PART C | CLIENTS / SUPERVISOR PLEASE COMPLETE. In signing this timesheet, you are declaring the following:

1. You have verified the accuracy of the hours shown above, including any overtime.
2. You have received, read, and understood our Terms of Business.
3. You will notify us if you or a third party would like to employ or engage this employee.

SUPERVISOR'S SIGNATURE _____ DATE _____

SUPERVISOR'S NAME (please print) _____