Logo, company name

Description automatically generated

TIME SHEET

*ABN:* 65 153 803 662

ACN: 153 803 662

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# Employee Name: Title:

**Employee Number: Employment Status:**

**Department: Supervisor Authorisation:**

**Work Vehicle Registration: Kilometres:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Day** | **Time** | **Job No.** | **Day / Night**  **/ Training** | **Travel** | **NT** | **Time**  **/ Half** | **Double Time** |
|  | **Friday** |  |  |  |  |  |  |  |
|  | **Saturday** |  |  |  |  |  |  |  |
|  | **Sunday** |  |  |  |  |  |  |  |
|  | **Monday** |  |  |  |  |  |  |  |
|  | **Tuesday** |  |  |  |  |  |  |  |
|  | **Wednesday** |  |  |  |  |  |  |  |
|  | **Thursday** |  |  |  |  |  |  |  |
|  |  |  |  | **Total Hours** |  |  |  |  |

**Employee Signature: Date:**

**Supervisor Signature: Date:**

**NOTES:**

* Tax Invoice originals and details are required weekly with time sheet for reimbursement
* Shift hours are calculated from the commencement of your shift, not the time you arrive prior to the shift. (unless approved overtime is organized prior with site supervisor)
* When you commence a shift, the commencement day and date of the shift is to be recorded on your time sheet.
* Timesheets and shift reports are to be submitted weekly on Thursdays