



TIMESHEET

Office Use Only
 Job Code: _____
 Rates: _____

Client: _____
 Purchase Order No _____
 Works Location: _____

Week Ending: _____
 Employee Name: _____
 Classification: _____

WORKING DAYS							Date	Start Time	Start Meal Break	Finish Meal Break	Finish time					
MON	TUE	WED	THU	FRI	SAT	SUN										
TOTAL DAILY HOURS							UNITS	RATES	DESCRIPTION							
								A	Normal Time (1.0x)							
								B	Time and Half (1.5x)							
								C	Double Time (2.0x)							
								C1	Public Holidays (2.5x)							
								D	Afternoon Shift (1.2x)							
								E	Night Shift (1.25x)							
								LA	Living Away Allowance (Tick)							
								MDT	Travel Hours							
								MA	Meal Allowance (Tick)							
								PA	Phone Allowance (Tick)							
								OA	Onsite kilometres (KM's)							

Remarks:

Employee: _____

Signature: _____

Date: _____

Supervisor/Client Representative _____

Signature: _____

Date: _____

SUBMIT TO: operations@tracksafetyaus.com.au before Monday 11:00am.

Track Safety Australia PTY LYD		
Title: Z:\MANAGEMENT\Finance_Accounts_Admin\Forms\Timesheet Form.doc		
Prepared by: C Grayson	Review Date: 15/02/2021	Issue Date: 08/03/2020