Employee Name:	Week ending:	ftworkforce				
Postion:	Client Name:	TTWORKTORE A FINAL TRIM COMPAN				
Supervisor Name:	Site location:	1300 083 599				
		Timesheet Number:				
Safety Check List: Please tick each b	ox to confirm your site safety induct	ion 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.

	Employe	e & Superviso	r to complete	
ay	Date	Start	Lunch	Finish
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

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.