SMART EMPLOYMENT SOLUTIONS

ABN 68 067 508 338

2 Palings Crt NERANG QLD 4211

National: 13 30 24

Please Fax Timesheets to: 07 3209 1771 Email to: payroll@sesat.com.au or MMS to: 0411 120 691

Monday to Sunday

| Apprentice / Trainee Name: Host Employer Name: Host Employer Phone: Week Ended: | | | | | | | Site Location: | | | | | | | | | | |
|---|---|------------|---|--|---|-------------|------------------|---------------------------|------------------|----------------|-----------------|------|----|-------|------|-----|-------|
| Day | Date | Start Time | Meal Break | Finish Time | Hours Worked | Fares | Travel Allow. | Site Allow. | Height Allow. | Excess Km's | Office Use Only | | | | | | |
| | | | | | | | | | | | ORD | T1/2 | DT | Fr/Tr | Site | Hgt | Other |
| Mon | | | 1/2 HR | | | | | | | | | | | | | | |
| Tues | | | 1/2 HR | | | | | | | | | | | | | | |
| Wed | | | 1/2 HR | | | | | | | | | | | | | | |
| Thurs | | | 1/2 HR | | | | | | | | | | | | | | |
| Fri | | | 1/2 HR | | | | | | | | | | | | | | |
| Sat | | | 1/2 HR | | | | | | | | | | | | | | |
| Sun | | | 1/2 HR | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| DIRECTED E Legend: COLL: Collect AL: Annual L PH: Public H: OTH: Other (| ge Day eave oliday Please specify) | | SICK: Sick I accompanie WC: WorkC RDO: Roste RAIN: Rain | T TAKE A BREA Day (claims for S d by a medical o over (workers co red Day Off Day - Must Ring | K, PLEASE CRO Sick Day <u>must</u> be certificate) compensation) ASAP once adv | OSS OUT THE | E MEAL BREA | K BOX. | | HOST: | | | | | | | |
| CERTIFY I HAVE WORKED THE | | | Date | | | | | RECORD CONFIRMED BY HOST: | | | Hoet Signature | | | | Date | | |
| Apprentice / Trainee Signature | | | Date | | | | Host Name | | | | Host Signature | | | | Date | | |