

TIMESHEET BLANK

Name: _____ Department: _____ PPE: _____

Codes: 1 = Normal Hours and also for Public Holidays not worked, 2 = Sick Leave, 3 = Annual Leave, 4 = Training In-house, 5 = Training External, 6 = Public Holiday Worked

Date	Code	Start Time	Stop Time	First Aid Y/N	Break	On Call	Sleepover	Cost Centre	Total Hours
M									
T									
W									
Th									
F									
S									
S									
M									
T									
W									
T									
F									
S									
S									

Kilometres: _____ Employee's Signature _____ Supervisor/Manager's Signature _____

Comments: _____Hours worked above roster and why, eg (Medical, Dental appointments, etc)Previous Pay Period:

**MOTOR VEHICLE ALLOWANCE
KILOMETRE REIMBURSEMENT**

DAY	DATE	PARTICIPANT NAME/S	PURPOSE	Kms
MON				
TUES				
WED				
THUR				
FRI				
SAT				
SUN				
MON				
TUES				
WED				
THUR				
FRI				
SAT				
SUN				

TOTAL: _____

Rego Number:	
Engine size	Please tick
1600cc (1.6 litre) or less	
1601cc - 2600cc (1.601 litre - 2.6 litre)	
2601cc (2.601 litre) and over	

.....
Staff Signature.....
Staff Name.....
Date.....
Supervisor/Managers Signature.....
Supervisor/Managers Name.....
Date