

Week	Dates
From:	
To:	

Employee Name
Name:
Classification: MA000020: Building & Construction Award / MA000084: Storage Services & Wholesale Award

Day/ Date	Start		JOB #1	Hours	JOB #2	Hours	JOB #3	Hours	JOB #4	Hours	JOB #5	Hours	JOB #6	Hours	Meal	Sub Total	Total office only	Office use only																													
	Onsite	Driver																Travel Radial	Travel O/S Radial	OTHER	NT	LEAVE	OT1.5	OT2.0	MA	JOB																					
WED	<input type="checkbox"/>	<input type="checkbox"/>	Start time:												30 mins																		SAL														
	<input type="checkbox"/>	<input type="checkbox"/>																														SRV															
THURS	<input type="checkbox"/>	<input type="checkbox"/>	Start time:												30 mins																		SAL														
	<input type="checkbox"/>	<input type="checkbox"/>																														SRV															
FRI	<input type="checkbox"/>	<input type="checkbox"/>	Start time:												30 mins																		SAL														
	<input type="checkbox"/>	<input type="checkbox"/>																															SRV														
SAT	<input type="checkbox"/>	<input type="checkbox"/>	Start time:																														SAL														
	<input type="checkbox"/>	<input type="checkbox"/>																															SRV														
<i>* minimum for Sat/Sun overtime applies</i>																																															
SUN	<input type="checkbox"/>	<input type="checkbox"/>	Start time:																															SAL													
	<input type="checkbox"/>	<input type="checkbox"/>																																SRV													
MON	<input type="checkbox"/>	<input type="checkbox"/>	Start time:												30 mins																			SAL													
	<input type="checkbox"/>	<input type="checkbox"/>																																SRV													
TUES	<input type="checkbox"/>	<input type="checkbox"/>	Start time:												30 mins																			SAL													
	<input type="checkbox"/>	<input type="checkbox"/>																																SRV													

Other comment _____
 Other comment _____
 Other comment _____

Supervisor - Only
 Any other allowances: *please circle & provide date*
 Confined Space/ First Aid officer /LAFHA /Leave Loading /etc

Employee signature _____ Date _____

Authorised by: (supervisor) _____ Date _____