

Employee Timesheet

Week
From:
To:

Employee
Name:
Classification: MA000020: Building & Construction Award

Day/ Date	Start Onsite ✓	JOB #1	Hours	JOB #2	Hours	JOB #3	Hours	JOB #4	Hours	JOB #5	Hours	JOB #6	Hours	Lunch	Sub Total	Total <i>office only</i>	Office use only											
																	Travel	Travel over 50k	NT	LEAVE	OT1.5	OT2.0	MA					
WED	<input type="checkbox"/>													30 mins														
THURS	<input type="checkbox"/>													30 mins														
FRI	<input type="checkbox"/>													30 mins														
SAT	<input type="checkbox"/>																											
<i>* minimum for Sat/Sun overtime applies</i>																												
SUN	<input type="checkbox"/>																											
MON	<input type="checkbox"/>													30 mins														
TUES	<input type="checkbox"/>													30 mins														

Employee signature _____ Date _____ Authorised by: (supervisor) _____ Date _____