PROTECH WEEKLY TIMESHEET – WESTERN AUSTRALIA FLEXIBLE.INTEGRITYQUALI PLEASE HAVE YOUR SUPERVISOR EMAIL/FAX YOUR AUTHORISED TIMESHEET TO: SMART.ACKNOWLEDGETECHNICALD TIMESHEETPERTH@PROTECH.COM.AU OR 07 3440 2898

Company Name:					Site N	Site Name:		Week ending Date:							
Print Employee Name:					Emplo	Employee Position:		Employee Signature:							
Print Superviso					Supervisor Position:		*Supervisor Signature:								
EMAIL TO: timesheetperth@protech.com.au or FAX TO: 07 344							*SITE SAFETY CONFIRMATION								
We CANNOT ACCEPT timeshe			IESHEETS MAY NOT BE PROCESSED Uneets that are not received from AN tact Protech Business Services (Payr			ND signed by your supervisor.		Please note: By Signing this Timesheet at all the Site Safety tasks across have been If this is incorrect advise your Protech Co			n completed by this employee.		On Site Induction Initial Tasks Supervised	Site/Task Specific Training Work Method/JSA Provided	
Day Date		Shift (D) (A)	Enter in 24 hour Format		Meal	Meal Total (Ple		Extra Information se note here all relevant information)			Protech Internal Use Only PLEASE LEAVE ALL INSIDE DBL LINES BLANK				
		or (N)	Start	Finish	Break		e.g. Cost Co	de/Description	/Site/Unit/.	lob No	ORD	1.5x	2x	2.5x	
Monday	/		:	:	:										
Tuesday	1		:	:	:										
Wednesday	1		:	:	:										
Thursday	1		:	:	:										
Friday	/		:	:	:										
Saturday	1		:	:	:										
Sunday	1		:	:	:										
BANKED UNITS				Tota	l Hours					TOTALS:	_				
Note: Banked Units will only be processed if there is an Employee Banking Units Agreement in place. Please contact your Protech Rep for details.									10		DATE		CLIENT C	ODE	
Bank Units:									EXT BY	ENT BY	PO NOS			DAYS	
Pay Units:									NOTES/ALLOWANCES						
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Doc # _Revision:	F_0033_K_WA					
Doc Owner:	PAYROLL					
Approved:	HW/TF/EB -13.01.15					

^{*} Please note that all entries on this timesheet are regarded as documentary evidence and that by signing the timesheet as a client you agree to the Terms and Conditions of Business and as an employee to the Terms and Conditions of Employment, as issued by Protech.





<u>Note:</u> If meal breaks are left blank – 30 minutes will be deducted. All accidents, incidents, near misses or visits to first aid or site clinics, must be reported to OccCorp immediately on 1300 666 303 after initial treatment and after reporting the incident to your site supervisor and Protech.