



TIMESHEET

Name : _____

Occupation : _____

Company Name : _____

Location : _____

Week Ending : ____ / ____ / ____

| DAY | DATE | START | FINISH | MEAL BREAK | HRS ORDINARY | HOURS x1+1/2 | HOURS x 2 | HOURS x2+1/2 | Travel |
|--------------|------|-------|--------|------------|--------------|--------------|-----------|--------------|--------|
| MON | | | | | | | | | |
| TUES | | | | | | | | | |
| WED | | | | | | | | | |
| THU | | | | | | | | | |
| FRI | | | | | | | | | |
| SAT | | | | | | | | | |
| SUN | | | | | | | | | |
| TOTAL | | | | | | | | | |

COMMENTS:

Employee Signature: _____ Date: _____

Client Name: _____ Date: _____

Client Signature: _____

Metro Representative: _____ Date: _____

Please fax attention PAYROLL DEPARTMENT on (02) 9648 1858. All timesheets must be faxed to Metro by 10.00 am Monday. For any safety issues or payroll queries please call Metro on (02) 8767 2633.