

INDIVIDUAL TIMESHEET

Site Name:		Supervisor's Name:	
Site Address:		Supervisor's Signature:	
Phone:	Fax:	Weekending:	

Allowances

			Start	Finish	Meal	Total	Normal	Time	Double	Shift			
Employee Details		Date	Time	Time	Break	Hours	Time	+ 1/2	Time	D/A/N	Meal	DG	СН
Surname:	Mon												
First Name:	Tue												
Position:	Wed												
Level:	Thu												
Comments:	Fri												
	Sat												
	Sun												

Please email to Staff Australia Payroll Department by Monday 10am on: qldtimesheets@staffaus.com.au