



# TIMESHEET



PLEASE EMAIL TO: [pay@southerncrossworkforce.com.au](mailto:pay@southerncrossworkforce.com.au) **BY 10 am MONDAY**

Southern Cross Workforce Pty Ltd  
 ABN 83 133 919 490  
 296 South Rd Hilton 5033  
 TEL: 08 8357 1882  
 FAX: 08 8357 2989

Employee Name: \_\_\_\_\_  
 Company Client Name: \_\_\_\_\_  
 Job Site: \_\_\_\_\_  
 Position: \_\_\_\_\_

	Mark clearly AM or PM					Only fill in where applicable							Office Use Only						
	Date	Start	Finish	Time Off	Total Hrs	Daily Job	Site	Travel	T/A	A/S	N/S	P/Hol	N/T	x1.25	x1.5	x1.75	x2	x2.5	
Monday																			
Tuesday																			
Wednesday																			
Thursday																			
Friday																			
Saturday																			
Sunday																			
				<b>Total:</b>															

**Employee:** Were you injured, or did you receive first aid during this week? **Yes /No** Details: \_\_\_\_\_

Have you suffered any aches, pains or strains at work during this period? **Yes /No** Details: \_\_\_\_\_

**Employee's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Employer:** Please rate our candidates performance, attendance and attitude to work: **Excellent Good Fair Poor V Poor**  
 Details: \_\_\_\_\_

Do you require this worker to return next week **Yes /No**

Would you be happy to have this field staffer return for future assignments? **Yes /No**

**Please Note: Signed timesheets will automatically approve all work completed and all payments for such works to Southern Cross Workforce**

**Southern Cross Workforce**

**Supervisor Signature** \_\_\_\_\_ **Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_