

WEEKLY TIME SHEET

Employee's Name:

Week Ending:/...../.....

DAY	Ordinary Hours							Penalties			Overtime		Leave		
	Start Time	Meal Break	Restart Time	Other Unpaid Break	Restart Time	Finish Time	Total Hours	Late Work	Weekend	Public Holiday	Time & a Half	Double Time	Type eg sick	Hours	
MONDAY															
TUESDAY															
WEDNESDAY															
THURSDAY															
FRIDAY															
SATURDAY															
SUNDAY															
	TOTALS:														

I confirm I have worked the above stated work times.

Employee's Signature:.....

Date:/...../.....

I confirm the above times are accurate and authorise this timesheet for payment.

Manager's Signature:.....

Date:/...../.....