

TIME SHEET		Fax: 02 9411 2621	
Address:	PO Box 1078, Chatswood, NSW 2057	Web: www.activelabour.com.au	
ABN:	31 813 785 753	Tel: 02 9411 2620	

Your weekly timesheet **must** be filled in and signed by you, and signed by your Supervisor. **Without your supervisor's signature, payment will not be processed.** All timesheets must reach the ALS office (by fax or email) by **close of business Friday**. Failure to do so may delay your wages by one week.

Surname of worker:		Phone number:	
Given name:		Email (if relevant):	

I confirm that these are the hours that I have worked this week.

Signed: _____ Date: _____ Week Ending: Friday _____ / _____ /20____

	Date	Start time	Finish time	Total work hours	Host Company	Site	Site Supervisor		Office use only			
							Name	Signature				
Saturday												
Sunday												
Monday												
Tuesday												
Wednesday												
Thursday												
Friday												
Site Supervisor: You should retain a copy of the authorised timesheet for your records.												