

**Employee Name:**

**Job Number:**

**Company:**

**Job Location:**

**Supervisor Name:**

Day	Date	Start Time	End Time	Total Hours Worked (exc lunch)	Supervisor (Print name)	Supervisor (Sign)
Example	14/01/2020	7am	3.30pm	8	PATRICK KELLY	SIGNED
MON						
TUES						
WED						
THURS						
FRI						
SAT						
SUN						
TOTAL HOURS FOR WEEK:						

**IMPORTANT INFORMATION REGARDING TIMESHEETS:**

- Please have timesheets from previous weeks submitted to Oz Labour Solutions office by 10 am every Monday.
- If you are working on different sites throughout the week, each site requires their own timesheet
- Timesheets must be fully completed and on time or payment may be delayed.
- Unsigned Timesheets cannot be processed
- Send all timesheets to [timesheets@ozlaboursolutions.com](mailto:timesheets@ozlaboursolutions.com)

**Employee Signature:**

**Date:**

*(By signing this I declare that all information is correct and not misleading)*