



# Timesheet

Please use 24 hour clock

Tel: +61 3 9650 1311 Fax: +61 3 9650 1630  
Email: payroll@hotelstaff.com.au

Timesheet must be received by 3.00pm on Mondays

White: Send to Hotelstaff  
Yellow: Leave with client

Employee: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Client/Venue: \_\_\_\_\_

Department/Area: \_\_\_\_\_

Day	Date	Start Time	Meal Break		Finish Time	Total Hours less breaks	Staff Signature	Supervisor Signature
			Break start	Break stop				
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
<b>Total Hours</b>							I certify that the employee has been properly site inducted and has satisfactorily rendered service for the hours shown hereon.	

Week Ending Date:        /        /        (Sunday)

Notes: \_\_\_\_\_

Performance:    Required Skills     Team Work     Attitude     Customer Service     Supervisor please tick if staff excelled in these qualities