



GROUP TIME SHEET

**When completed and signed please FAX to (07) 3813 9799
To be received no later than 11 a.m. MONDAY**

Company Name: _____ Tel: _____

Address: _____ For Week Ending Sunday _____ / _____ / _____

SURNAME: _____ **GIVEN NAMES:** _____

Day	Date	Time Started	Time Finished	Meal Break	TOTAL PAID HOURS	Normal Time	x 1.5	x 2	x 2.5	x 3	Shift Allowances				
											Day	A'noon	Night	Meal	Other
Mon															
Tue															
Wed															
Thurs															
Fri															
Sat															
Sun															
					TOTAL										

Supervisor's Name: _____ Supervisor's Signature: _____ **Purch. Order #** _____ Date: ____/____/____

SURNAME: _____ **GIVEN NAMES:** _____

Day	Date	Time Started	Time Finished	Meal Break	TOTAL PAID HOURS	Normal Time	x 1.5	x 2	x 2.5	x 3	Shift Allowances				
											Day	A'noon	Night	Meal	Other
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Wed															
Thurs															
Fri															
Sat															
Sun															
					TOTAL										

Supervisor's Name: _____ Supervisor's Signature: _____ **Purch. Order #** _____ Date: ____/____/____

SURNAME: _____ **GIVEN NAMES:** _____

Day	Date	Time Started	Time Finished	Meal Break	TOTAL PAID HOURS	Normal Time	x 1.5	x 2	x 2.5	x 3	Shift Allowances				
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Supervisor's Name: _____ Supervisor's Signature: _____ **Purch. Order #** _____ Date: ____/____/____