

Timesheet Fax: 3881 2922

Timesheets must be received each Monday by 12.00pm (Midday)

Email: payroll@oqt.com.au

Enquires: 3881 2992

EMPLOYEE DETAILS

Name: _____ Week ending Sunday: __/__/__

Host Employer: _____ My ID Number: __/__/__/__

Trade: _____ My contact phone number: _____

DATE	JOB LOCATION	START	LUNCH	FINISH	HOURS WORKED	COMMENTS/ALLOWANCES
MON __/__/__		AM : PM	MINS	AM : PM	HRS : MIN	
TUES __/__/__		AM : PM	MINS	AM : PM	HRS : MIN	
WED __/__/__		AM : PM	MINS	AM : PM	HRS : MIN	
THURS __/__/__		AM : PM	MINS	AM : PM	HRS : MIN	
FRI __/__/__		AM : PM	MINS	AM : PM	HRS : MIN	
SAT __/__/__		AM : PM	MINS	AM : PM	HRS : MIN	
SUN __/__/__		AM : PM	MINS	AM : PM	HRS : MIN	

MY USUAL WORK PATTERN IS: 7.6 x 5 days / 8888 plus 6 combo / 9.5 x 4 days	TOTAL HOURS WORKED	: HRS MIN	IF WORKED UNDER 38 HOURS PLEASE WRITE THE REASON ABOVE
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Any change of details (e.g. new phone number, address, bank account details)

Declaration by Employee. I certify that this timesheet is a true and accurate record of my hours worked this week. _____ Date _____

Host Employer Authorisation...Please complete all fields

Name of the person authorising timesheet _____

Job Title _____ Signature: _____ Date _____

Please fax or email to OGT. The host employer is advised to keep a copy for their records!