



INDIVIDUAL TIMESHEET

FAX TO 9586 8200

EMAIL: payroll@ursolutions.com.au

EMPLOYEE NAME:	COMPANY NAME:
EMPLOYEE SIGNATURE:	COMPANY REPRESENTATIVE NAME:
WEEK ENDING:	COMPANY REPRESENTATIVE SIGNATURE:

DATE	DAY	SHIFT			START TIME	BREAK HOURS / MINS	FINISH TIME	DAILY TOTAL HOURS	ALLOWANCES	SUPERVISOR INITIALS
		DAY	AFTERNOON	NIGHT						
/	MONDAY	D	A	N						
/	TUESDAY	D	A	N						
/	WEDNESDAY	D	A	N						
/	THURSDAY	D	A	N						
/	FRIDAY	D	A	N						
/	SATURDAY	D	A	N						
/	SUNDAY	D	A	N						
TOTAL HOURS										



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