|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|   | **Time Sheet** |

|  |  |  |
| --- | --- | --- |
| **Start and End Week Dates** | Start: | End: |

 |

**Employee Details Clients Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** |  | **Facility Name** |  |
| **Mobile Number** |  |
| **Position** |  | **Facility Address** |  |
| **Home Address** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Day** | **Date** | **Public holiday (Y/N)** | **Start Time** | **Finish Time** | **Break (Y/N)** | **Break Start Time** | **Break Finish Time** | **Travel Hrs** | **Managers Initials** | **Total Hours** | **Managers** **Name** (on duty during shift) | **Managers Signature** | **Managers Mobile** |
| **Mon** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Tue** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Wed** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Thu** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Fri** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Sat** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Sun** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Total Hours per week minus breaks** |  | **Your Signature** |  |

**Terms & Conditions**

1.Timesheets are the responsibility of the employee. Please sign and forward it to admin@trinityemployment.com.au no later than Monday 11am

2.If you are unable to attend work or have problems with your assignment obligations, please contact Trinity Employment immediately at 0418 423 520

3.As a Trinity Employment employee, you are not to seek employment on a direct basis from another Trinity Employment client.

4.Please contact Trinity Employment if the basis or term of your employment or contract varies from the initial specification.

5.Timesheet must be signed after every shift and ensure all signatures and sections are completed. If no breaks are taken please state NO in the relevant section and ensure your duty Manager signs off.