

FIRST GRADE

WEEKLY TIMESHEET

Name:

Week Ending Date (Sunday):

Client Name:

Site Location:

PO Number:

- Please note you are required to take a 30 minute lunch break when working over 5.5 hours.
- Lunch breaks are unpaid.
- Please use 24 hour time.

	START TIME	LENGTH OF BREAK	FINISH TIME	HOURS WORKED
<i>Example</i>	<input type="text" value="6"/> : <input type="text" value="0"/> <input type="text" value="0"/>	<input type="text" value="3"/> : <input type="text" value="0"/>	<input type="text" value="1"/> <input type="text" value="4"/> : <input type="text" value="0"/> <input type="text" value="0"/>	<input type="text" value="7"/> : <input type="text" value="3"/> <input type="text" value="0"/>
MONDAY	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>
TUESDAY	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>
WEDNESDAY	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>
THURSDAY	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>
FRIDAY	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>
SATURDAY	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>
SUNDAY	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>
TOTAL HOURS WORKED:				<input type="text"/> : <input type="text"/>

Employee Signature:

I agree that the above hours are a correct record of the hours I have worked under the terms of my assignment with First Grade.

Site Supervisor Name and Signature:

*I agree the total hours worked are accurate and chargeable as per First Grade Terms of Business**

Please submit to timesheets@firstgrade.com.au or fax to (07) 3392 1262 by
 2.00pm Monday for payment Wednesday.
 Late and/or unsigned timesheets will not be processed.

*Approval of this time sheet is acceptance of the First Grade Pty Ltd Terms of Business.