

# TIMESHEET

FAX TO: 1300 656 139



APPRENTICE/TRAINEE NAME (Full Name): \_\_\_\_\_ WORK TELEPHONE: \_\_\_\_\_

HOST ORGANISATION: \_\_\_\_\_ WEEK ENDING: \_\_\_\_/\_\_\_\_/\_\_\_\_

NOTE: Fill in your timesheet every day. This timesheet should reach HTN's Pay Office by fax before 08.00 am each Monday.  
No cover sheet required. If you need help call the pay officer on 1300 139 108.

Day and Date	Start Time	Stopped for Break	Started Work after Break	Finish Time	Normal Hours Daily Total
Mon / /					
Tues / /					
Wed / /					
Thurs / /					
Fri / /					
Sat / /					
Sun / /					

**Total Normal Hours at Work**

Authorised Overtime				PAY OFFICE USE ONLY			
Date	Start	Finish	O/T Hours Daily Total	O/T x1.5	O/T x1.75	O/T x2	P/H x2.5
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

**Total Overtime Hours at Work**

If total hours worked is greater than 38, you need to record your overtime in Authorised Overtime & have your Supervisor Sign.

Supervisor's Signature: \_\_\_\_\_

**PAY OFFICE USE ONLY**

APPRENTICE/TRAINEE SIGNATURE: \_\_\_\_\_

SUPERVISOR'S SIGNATURE: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

NOTES:

NORMAL HOURS	=
O/Tx1.5	=
O/Tx1.75	=
O/Tx2	=
SAT. PEN	=
SUN. PEN	=
P/Hx2.5	=
B/SHIFT	=