

TIME SHEET

**PLEASE ENSURE YOUR TIME SHEET IS SIGNED AND FAXED
NO LATER THAN 9.00AM MONDAY MORNING**

FAX: (07) 5477 5422

EMPLOYEE NAME: _____

COUNCIL: _____

SUPERVISOR'S NAME: _____

WEEK ENDING _____

	DATE	FROM	TO	LESS LUNCH	HOURS PER DAY	O/T / ALLOWANCES	JOB COST CENTRE NUMBER	OFFICE USE ONLY
SUN								
MON								
TUE								
WED								
THU								
FRI								
SAT								
				TOTAL HOURS				

NOTES: _____

SUPERVISOR TO COMPLETE

Please rate employee's work performance below: I verify that the above hours are true and correct.

Excellent	
Very Good	
Good	
Poor	
Please phone to discuss	

Employee's Signature: _____

I verify that the above hours are correct.

Supervisor's Signature: _____

Complete only if change in employee personal details:

Address:	
Home Phone No:	Mobile Phone No:
Bank:	Branch:
Account No:	Signature:

Head Office Phone: (07) 5477 5433 Fax: (07) 5477 5422

Gold Coast Office Phone : (07) 5591 0302

Logan Office Phone : (07) 3412 0382

E: qld@logoapp.com.au W: www.logoapp.com.au

