

TIME SHEET

PLEASE ENSURE YOUR TIME SHEET IS SIGNED AND EMAILED/FAXED NO LATER THAN 9.00AM MONDAY MORNING
E: NSW@LOGOAPP.COM.AU
F: 02 9264 6007



EMPLOYEE NAME

SIGNATURE

COUNCIL

WEEK ENDING

	Date	Start Time	Finish Time	Less Lunch	Ord Hours	O/T x 1.5	O/T x 2	O/T x 2.5	Total Hours
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Totals									

Travel or Accommodation Reimbursement Claim: _____

Supervisor to complete:

Please rate the employee's work performance below:

Excellent	
Very Good	
Good	
Please phone to discuss	

Supervisor's name: _____

Supervisor's Signature: _____

Complete only if change in employee personal details:

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