

	HOST EMPLOYERS NAME	EMPLOYEES NAME
	SITE OF PLACEMENT	ADDRESS (only if changed from registration)
	TEL:	TEL:
	SIGNATURE (<u>MUST BE SIGNED</u>): (Have you added Job number below?)	SIGNATURE
MEN AT WORK LABOUR HIRE NSW 4/6 Belah Road, Port Macquarie 2444 Tel: (02) 65814600 Fax: (02) 6581 4154	WEEK ENDING	POSITION

It is your responsibility to ensure your timesheet is authorized by your Host Employer and submitted to us (either fax or original) by no later than 9.00am Wednesdays following the week ending of Tuesday. Timesheets not submitted in time will not be paid until the following week.

DATE	DAY	JOB NO. or Docket No.	START	LUNCH BREAK	FINISH	TOTAL HRS LESS LUNCH	SIGNATURE (of Supervisor)
/ /	WED						
/ /	THURS						
/ /	FRI						
/ /	SAT						
/ /	SUN						
/ /	MON						
/ /	TUES						
	TOTAL						

Office Use Only

Site induction carried out	Yes	No	Manual Handling, excessive	Yes	No
PPE to be worn	Yes	No	Trip slip hazards	Yes	No
Hazardous materials on site	Yes	No	Job description understood	Yes	No
Environment dust/noise etc	Yes	No	Other Hazards?		

SAFETY CONCERNS MUST BE REPORTED TO YOUR SUPERVISOR & DAVE IMMEDIATELY, PHONE 0438 848 117