



	HOST EMPLOYERS NAME	EMPLOYEES NAME
	SITE OF PLACEMENT	ADDRESS (only if changed from registration)
	TEL:	TEL:
	SIGNATURE ( <b><u>MUST BE SIGNED</u></b> ):	SIGNATURE
<b>MEN AT WORK LABOUR HIRE NSW</b> 4/6 Belah Road, Port Macquarie 2444 Tel: (02) 6581 4600 <b>Fax: (02) 6581 4154</b>	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.	START	LUNCH BREAK	FINISH	TOTAL HRS LESS LUNCH
/ /	WED					
/ /	THURS					
/ /	FRI					
/ /	SAT					
/ /	SUN					
/ /	MON					
/ /	TUES					
	TOTAL					

Office Use Only

ANY OCCUPATIONAL HEALTH & SAFETY CONCERNS MUST BE REPORTED TO YOUR SUPERVISOR & MEN AT WORK IMMEDIATELY, PHONE 6581 4600.