


<p style="text-align: center;">MEN AT WORK</p>  <p style="text-align: center;">TRAFFIC SERVICES</p>	HOST EMPLOYERS NAME	EMPLOYEES NAME
	SITE OF PLACEMENT	ADDRESS (only if changed)
	TEL:	TEL:
	SIGNATURE (MUST BE SIGNED):	SIGNATURE
4/6 Belah Road, Port Macquarie 2444 Tel: (02) 6581 4600 Fax: (02) 6581 4154	WEEK ENDING	POSITION TRAFFIC CONTROLLER

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	DOCKET NO.	CUSTOMER REFERENCE NO.	START TIME (From Depot)	LUNCH BREAK (Must Have)	FINISH TIME (At Depot)	TOTAL HRS WORKED	TRAVEL TIME (to & from Depot to job)	KMS TRAVELED (in TC Truck)	Office Use Only
/ /	WED									
/ /	THU									
/ /	FRI									
/ /	SAT									
/ /	SUN									
/ /	MON									
/ /	TUE									
	TOTAL									

Emergency numbers; Dave 0438 848 117, Neil 0407 764 016, Ross 0400 081 460, Colin 0419 814 661 Police, Fire & Ambulance 000