

APEX LHR

A division of Jowallon Holdings Pty Ltd

Ph: 1300 661 005

Fax: 1300 673 311

TIMESHEET



Employee Name: _____

Company Name: _____

Week Ending: _____

Order No: _____

(if required)

Please ensure we receive this timesheet by 12pm Monday fax 1300 673 311

	Date	Start Time	Finish Time	Break	Ord	1.5	2	Public Hol 2.5	Total HRS	Additional Comments
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										
TOTAL					Hrs	Hrs	Hrs	Hrs	Hrs	

Employee Signature: _____

Supervisor Signature: _____

Supervisor Name: _____

I certify that the details shown on this timesheet are true and accurate. I also declare that I have not suitained any injuires and have not changed my assignment duties without prior knowledge of Apex LHR staff.

I certify that the above details are true and accurate, and that work was performed in a satisfactory manner. I confirm that I have received and agree to the terms and conditions as set forth by Apex LHR, and have provided a safe and healthy environment and that staff have not deviated work from that given in the original description given to Apex LHR, unless discussed previously with Apex LHR staff.

Timesheets received after this time will miss this weeks pay run and will not be processed until the following week! Should you require an additional pay run; a \$15 processing fee will be incurred.