MRAEL Payroll Contact
Ph: 1800 643 324 / Fax: (07) 4128 5678
Email: payroll@mrael.com.au

APPRENTICE/TRAINEE FORTNIGHTLY TIMESHEET – MINE

EMPLOYEE NAME: _____

MINE: _____

FORTNIGHT ENDING ____/____/____

To be paid correctly and on time, all signatures and hours must be filled in correctly
TIMESHEETS MUST BE RECEIVED BEFORE 3PM MONDAYS

Pay Codes

WK	Work	SL	Personal Leave	CR	College Release *	WD	Wet Day
AL	Annual Leave	PHW	Public Holiday Worked	PHT	Public Holiday Taken	RDO	RDO Taken

Day	Date	Start Time	Lunch On	Lunch Off	Finish Time	Pay Code	Total Hrs	Late Crib Hrs	Late Crib Supervisor Init.	SUPERVISOR AUTHORISATION (Please print name)	NT	TH	DT	Comments
MON Day/night		am/pm			am/pm									
TUE Day/night		am/pm			am/pm									
WED Day/night		am/pm			am/pm									
THU Day/night		am/pm			am/pm									
FRI Day/night		am/pm			am/pm									
SAT Day/night		am/pm			am/pm									
SUN Day/night		am/pm			am/pm									
MON Day/night		am/pm			am/pm									
TUE Day/night		am/pm			am/pm									
WED Day/night		am/pm			am/pm									
THU Day/night		am/pm			am/pm									
FRI Day/night		am/pm			am/pm									
SAT Day/night		am/pm			am/pm									
SUN Day/night		am/pm			am/pm									

*** COLLEGE TRAINER SIGNATURE REQUIRED** | **TOTAL HOURS** | **Late Crib must be signed by Supervisor to be paid**

EMPLOYEE AUTHORISATION – *I hereby certify the hours stated are true and correct:*

Signature:

COLLEGE TRAINER AUTHORISATION - *I hereby certify the hours stated are true and correct.*

Signature:

PLEASE CIRCLE YOUR ROSTER:

7 hr days

5 DAY 12 HR: A B

7 DAY 12 HR: C D

DAY: 1 2

DAY/NIGHT: 3 4

PLEASE CIRCLE IF YOU WORKED AN OVERTIME SHIFT

M T W T F S S

MESSAGES FOR PAYROLL:

MRAEL OFFICE USE ONLY: