



**APPRENTICE / TRAINEE TIMESHEET  
MINE**

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

**EMPLOYEE NAME:** \_\_\_\_\_  
**MINE:** \_\_\_\_\_  
**WEEK ENDING**        /        /

PAY CODES	
WK	Work
AL	Annual Leave
SL	Personal Leave
CR	College Release*
PHW	Public Holiday Worked
PHT	Public Holiday Taken

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

DAY	DATE	START TIME	LUNCH		FINISH TIME	PAY CODE	TOTAL HRS	LATE CRIB		SUPERVISOR AUTHORISATION (please print name)	NT	TH	DT
			ON	OFF				HOURS	Supervisor Init.				
<b>MON</b> Day / Night		am / pm			am / pm								
<b>TUE</b> Day / Night		am / pm			am / pm								
<b>WED</b> Day / Night		am / pm			am / pm								
<b>THU</b> Day / Night		am / pm			am / pm								
<b>FRI</b> Day / Night		am / pm			am / pm								
<b>SAT</b> Day / Night		am / pm			am / pm								
<b>SUN</b> Day / Night		am / pm			am / pm								
<b>* COLLEGE TRAINER SIGNATURE REQUIRED</b>						<b>TOTAL HOURS</b>		<b>Late Crib must be signed by Supervisor to be paid.</b>					

**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:**

7hr days  
 5 DAY 12HR    7 DAY 12HR  
 A    B    C    D  
 DAY    DAY/NIGHT  
 1    2    3    4

**PLEASE CIRCLE IF YOU WORKED AN OVERTIME**

**M    T    W    T    F    S    S**

**MESSAGES FOR PAYROLL:**

**MRAEL OFFICE USE ONLY:**