

EMPLOYEE NAME: _____					To be paid correctly and on time, all signatures and hours must be filled in correctly TIMESHEETS MUST BE RECEIVED BEFORE 3PM MONDAYS									
HOST EMPLOYER: _____					Pay Codes									
FORTNIGHT ENDING / /					WK Work AL Annual Leave			SL Personal Leave PHW Public Holiday Worked			CR College Release * PHT Public Holiday Taken		WD Wet Day RDO RDO Taken	
Day	Date	Start Time	Lunch		Finish Time	Pay Code	Total Hrs	NT	TH	DT	Messages For Payroll			
			On	Off										
Mon		am/pm			am/pm									
Tue		am/pm			am/pm									
Wed		am/pm			am/pm									
Thu		am/pm			am/pm									
Fri		am/pm			am/pm									
Sat		am/pm			am/pm									
Sun		am/pm			am/pm									
Mon		am/pm			am/pm									
Tue		am/pm			am/pm									
Wed		am/pm			am/pm									
Thu		am/pm			am/pm									
Fri		am/pm			am/pm									
Sat		am/pm			am/pm									
Sun		am/pm			am/pm									
*College trainer signature required						Total Hours								
Allowances											MRAEL OFFICE USE ONLY:			
Travel			Other			Other								
Days	Hours	Supervisor initials	Days	Hours	Supervisor initials	Days	Hours	Supervisor initials						
EMPLOYEE AUTHORISATION – I hereby certify the hours stated are true and correct: Signature:			SUPERVISOR 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:								