**Employee Name: Company:**

**Position: Contact:**

**Work Ph: Work Fax:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Date** | **Start Time** | **Finish Time** | **Lunch Break** | **Total Standard Hours** | **O/time Hours** | **Total Hours** |
| Monday |  |  |  |  |  |  |  |
| Tuesday |  |  |  |  |  |  |  |
| Wednesday |  |  |  |  |  |  |  |
| Thursday |  |  |  |  |  |  |  |
| Friday |  |  |  |  |  |  |  |
| Saturday |  |  |  |  |  |  |  |
| Sunday |  |  |  |  |  |  |  |
| Total Weekly Hours Worked |  |  |  |

I have worked the above hours and no injuries were sustained.

**Employee Signature**

I hereby certify that the above hours were worked to my satisfaction. I acknowledge that any hours worked over 38 hours each week will be paid as overtime based of the relevant State or Federal Award.

**Client Signature**

**Please email to support@workforceconnect.com.au by 5pm each Friday.**