

CHANGES

Only complete this information if you have changed in any of the categories below.

NEW NAME _____

NEW ADDRESS _____

NEW CLASSIFICATION _____

FULL TIME, PART TIME OR CASUAL _____

AGE CHANGE (if under 21) _____

NEW DEPARTMENT _____

TIME SHEET

TO BE COMPLETED DAILY

COMPANY _____

DEPARTMENT WORKED IN _____

ROSTERED DAYS OFF _____
(Full timers only)

YOU MUST FILL IN YOUR EMPLOYEE NUMBER EACH WEEK.

EMPLOYEE NUMBER _____

NAME _____

ADDRESS _____

CLASSIFICATION _____

FULL TIME, PART TIME OR CASUAL _____

AGE (if under 21) _____

	Date	Time of Starting Work am/pm	Broken Time, Meals etc.						Time of Finishing Work	Total Hours Worked	Employee's Signature	FOR OFFICE USE ONLY						
			Time of Leaving	Time of Resuming	Time of Leaving	Time of Resuming	Time of Leaving	Time of Resuming				T	T ¹ / ₁₀	T ¹ / ₄ /T ¹ / ₂	T ¹ / ₂	T ³ / ₄	2T	2T ¹ / ₂
SUNDAY																		
Monday																		
Tuesday																		
Wednesday																		
Thursday																		
Friday																		
SATURDAY																		

Prepared by
CRAWSHAY CONSULTANTS PTY. LTD.
PAYROLL SPECIALISTS

P.O. Box 434 Camberwell 3124
Tel: 9882 5837, 9882 5839
Fax: 9882 6244, 9882 6276

IMPORTANT

New employees are reminded that it is their responsibility to submit a tax file number declaration form. It is suggested that you attach the form to your time sheet so that it doesn't get lost. If this is your only job then you should tick "Yes" to the General Exemption, if it is not then tick "No". If you don't have your tax file number you must still submit the form and you are given 28 days from commencing to give us the number. Employees who do not submit a form or who do not provide their tax file number within 28 days will be taxed at 47 cents in the dollar.

57	41	42	43	44	45	46		
58			47		48			
59					49			
60					50			
OTHER								