

FORTNIGHTLY EMPLOYEE TIMESHEET

ame	_	TICHET I							Fax: (07) 3368 3077 Payroll@awx.com.a						om.aı	,	
cation		Please send timesheet no later than 1pm Monda											nday				
rtnight I		PAYROLL USE ONLY															
		ENTITLEMENTS													LEAVE		
	HOURS WORKED (USE 24HR CLOCK)																

														Eľ	NTITLEN	IENTS						LEAVE		
DATE	DAY	HOURS WORKED (USE 24HR CLOCK)											- 4 (2)		P. HOL	P. HOL	P. HOL	IN	ON		1	Gi al	450	
		ON	BREAK 0.50	OFF	ON	BREAK 0.50	OFF	TOTAL	BASE	ARVO	VO NIGHT	SAT	SUN	T1/2	T2	150%	200%			CALL	EDU	Ann	Sick	ADO
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	TUES																							
	WED																							
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				•	•		Totals:															•		

mpioyee Signature	Date:	 Additional Allowances Payable:	
Authorized Supervisor		Qty:	
Signature:*	Supervisor Print:	Qty:	
Please note this timesheet will not been process	Qty:		
Additional Notes (PLEASE INDICATE IF ANY DATE	Qty:		
		Qty:	
		Qty:	