

STAFF TIMESHEET



Staff Name: _____

Organisation: _____

Address: _____

Day	Date	On	Off	Rest (total)	Hours	Km/s	S/Over yes/no	Organisation Staff Name / Signature
		24hr Time						
							Totals	

Staff Signature: _____

Progress Notes & Comments/Mileage explanation (Please note date of shift comments relate to):

COMPLETE A SEPARATE TIMESHEET FOR "EACH CLIENT"

YOUR TIMESHEET MUST BE IN TO OUR OFFICE WEEKLY BY 5PM MONDAY OR IT WILL FALL INTO THE FOLLOWING PAY WEEKS CYCLE.

Pay period is from Monday to Sunday the same week. Timesheets can be returned by fax: (07) 3278 1522, scanned and emailed to accounts@realcommunityservices.com.au or in person or by post to Po Box 1249, OXLEY QLD 4075.

Please note: ALL additional hours MUST be authorised and noted on timesheet otherwise payment will not occur.

RCS_HRM_F1F14_V3_OCT 06

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