



TIMESHEET

Please email timesheets by **10 am each Monday** to:

accounts@australiantrackservices.com.au

A late timesheet may result in a late payment. For any timesheet issues please call 02 9606 4940

| | | | |
|---------------------------|--|----------------------|--|
| Worker's Name: | | Classification: | |
| Client Name: | | Job/Site Location: | |
| Week Ending Date: | | Purchase Order No: | |
| FATIGUE MANAGEMENT | | | |
| Last shift Date and Time: | | Last shift Employer: | |

| | Date | Start Time | Finish Time | Break 30min | Paid Hours | Travel Hours | Onsite Km | Meal | LAHA |
|-----------|------|------------|-------------|-------------|------------|--------------|-----------|------|------|
| Monday | | | | | | | | | |
| Tuesday | | | | | | | | | |
| Wednesday | | | | | | | | | |
| Thursday | | | | | | | | | |
| Friday | | | | | | | | | |
| Saturday | | | | | | | | | |
| Sunday | | | | | | | | | |
| Total: | | | | | | | | | |

Additional Notes:

| WORKER SIGNATURE AND APPROVAL | | SUPERVISOR SIGNATURE AND APPROVAL | |
|-------------------------------|--|-----------------------------------|--|
| | | | |
| | | SUPERVISOR NAME: | |
| | | | |
| DATE: | | DATE: | |

**Please ensure that you immediately report all accidents or incidents to
Australian Track Services 0432 791 180**