

Employee name: _____

Client name: _____

Week ending (Sunday): _____

Please copy and retain for your records and for your host employers records. By signing this time sheet, you are agreeing to Occupational Health Professionals Pty Ltd terms and conditions.

OHP Services

Safety Recruitment

Work Health & Safety Training

Work Health & Safety Consulting

Workplace Health Screening

NDIS Approved Provider

Day	Date	Start	Finish	Less Break	Total
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
				Total:	

Employee signature: _____

Date: _____

Authorising signature: _____

Name: _____

Date: _____

Time sheets must reach pay office by 5pm Monday's. Time sheets can be sent via fax, post or email.