|  |  |
| --- | --- |
| **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. |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee signature:** |  | **Authorising signature:** |  |
| **Date:** |  | **Name:** |  |
|  |  | **Date:** |  |

OHP Services

**Safety Recruitment**

**Work Health & Safety Training**

**Work Health & Safety Consulting**

**Workplace**

**Health Screening**

**NDIS Approved**

**Provider**

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