



ALLMEN INDUSTRIAL SERVICES WEEKLY TIMESHEET

WEEK ENDING: ____ / ____ / ____ (Week ends on Sunday night)



EMPLOYEE NAME: _____

CUSTOMER NAME: _____

CLASSIFICATION: _____

JOB SITE: _____

SIGNATURE
FOR EACH DAY
(OPTIONAL)

DATE	START TIME	FINISH TIME	LUNCH	ORDINARY	TIME & HALF	DOUBLE	DT 1/2	MEAL	SHIFT AS	SHIFT NS	LAHA	FARES	TRAVEL	SITE	
Mon .../.../...	AM/PM	AM/PM	MINS												
Tue .../.../...	AM/PM	AM/PM	MINS												
Wed .../.../...	AM/PM	AM/PM	MINS												
Thu .../.../...	AM/PM	AM/PM	MINS												
Fri .../.../...	AM/PM	AM/PM	MINS												
Sat .../.../...	AM/PM	AM/PM	MINS												
Sun .../.../...	AM/PM	AM/PM	MINS												

EMPLOYEE SIGNATURE: _____

SUPERVISOR: _____

SIGNATURE: _____

NOTES:

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Belle's Mobile: 0417 299 605

NOTE: Send Timesheets no later than Monday 12pm (noon)