

Timesheet



Payroll details

Surname	Payroll No
First name	

Week 1						
Day	Date	Start time (eg 8:30 am)	Unpaid break (eg meal break)		Finish time (eg 5:00 pm)	Total (hours minus unpaid breaks)
			Break begins	Return to work		
Sunday						hrs
Monday						hrs
Tuesday						hrs
Wednesday						hrs
Thursday						hrs
Friday						hrs
Saturday						hrs

Week 2						
Day	Date	Start time (eg 8:30 am)	Unpaid break (eg meal break)		Finish time (eg 5:00 pm)	Total (hours minus unpaid breaks)
			Break begins	Return to work		
Sunday						hrs
Monday						hrs
Tuesday						hrs
Wednesday						hrs
Thursday						hrs
Friday						hrs
Saturday						hrs

Total	hrs
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Signature

Signature _____ Date _____

Please keep a copy of this form for your records. Please submit marked 'Attention: Payroll'. Email – payroll@bendigoanglican.org.au, Fax – 5441 2173, Mail – Registry, PO Box 2, BENDIGO VIC 3552

Name of manager/supervisor _____

Signature of manager/supervisor _____ Date _____

Timesheet



Registry use only

Action	Responsibility of	Completed by	Date
Received and reviewed	Finance and Administration Manager		
Processed in payroll	Finance Officer		
Filed in fortnightly payroll	Finance Officer		