

EMPLOYEE NUMBER: _____

MAMRE TIMESHEET – FULL TIME / PPT

(CURRENT FROM 16.06.2008)

EMPLOYEE NAME: _____

For Mamre staff who are NOT support workers

FORTNIGHT ENDED: _____

	Mon /	Tues /	Wed /	Thurs /	Fri /	Sat /	Sun /	Mon /	Tues /	Wed /	Thurs /	Fri /	Sat /	Sun /
Start AM														
Finish AM														
Sub-Total														

Start PM														
Finish PM														
Sub-Total														

Pager (Tick)	M-F													
	Sat													
	Sun													

Leave Hours														
Leave Type														
Retreat Hours														
Total														

Employee's Signature: _____ / /

Team Leader's/
Director's Signature: _____ / /

Comments: _____

TRAVEL ALLOWANCE

Travel: _____ kms

Trip details: _____

Please circle engine size:

< 6 cyl 6 cyl or >

Total Hrs _____

C\F Toil _____

Sub Total _____

Stand Hrs _____

Toil Bal _____

TOTAL HOURS WORKED FOR FORTNIGHT: _____

PAYROLL USE ONLY			
ORD	65		TRAVEL 34 35
AL	60		CONTRACT \$ 69
AL LOADING	61		BACKPAY 91
SICK	66		HD 94
ON CALL	M-F	80	
	SAT	81	
	SUN	82	

NEWMARKET **← FORWARD TO KEY WORKER →** **MT GRAVATT**

Fax: 3622 1244 1428 11-14 Logan Rd, Mt Gravatt 4122 Fax: 3291 5877

40 Finsbury Street, Newmarket 4051 PO Box 949, Mt Gravatt 4122

JOB NO: _____ Higher Duties at PAY LEVEL: _____

Notes: _____