

EMPLOYEE NUMBER: _____

MAMRE TIMESHEET – CASUAL

(CURRENT FROM 16.06.2008)

For Mamre staff who are NOT support workers

EMPLOYEE NAME: _____

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														

Total														
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Pager (Tick)	M-F													
	Sat													
	Sun													

TOTAL HOURS WORKED FOR FORTNIGHT:				
PAYROLL USE ONLY				
ORD	64		TRAVEL	34 35
			CONTRACT \$	68
			BACKPAY	90
			HD	93

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 >

<p>NEWMARKET Fax: 3622 1244 40 Finsbury Street, Newmarket 4051</p>	<p>← FORWARD TO KEY WORKER →</p>	<p>MT GRAVATT Fax: 3291 5877 1428 11-14 Logan Rd, Mt Gravatt 4122 PO Box 949, Mt Gravatt 4122</p>
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JOB NO: _____ Higher Duties at PAY LEVEL: _____

Notes: _____