



PROTECH WEEKLY TIMESHEET – QUEENSLAND
PLEASE EMAIL YOUR TIMESHEET TO:
TIMESHEETBRIS@PROTECH.COM.AU

| | | | | | | | |
|------------------------|--|----------------------|--|------------------------|--|-----------|--|
| Company Name: | | Site Name: | | Week Ending Date: | | Emp. Ref: | |
| Print Employee Name: | | Employee Position: | | Employee Signature: | | | |
| Print Supervisor Name: | | Supervisor Position: | | *Supervisor Signature: | | | |

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|--|--|---|---|
| EMAIL SCANNED TO: timesheetbris@protech.com.au BY MIDDAY EACH MONDAY Please Note: LATE TIMESHEETS MAY NOT BE PROCESSED UNTIL THE NEXT WEEK. We CANNOT ACCEPT timesheets that are not signed by your supervisor. | *SITE SAFETY CONFIRMATION | | |
| | Please note: By Signing this Timesheet above you are confirming that all the Site Safety tasks across have been completed by this employee. If this is incorrect advise your Protech Consultant <i>immediately</i> . | On Site Induction Initial Tasks Supervised | Site/Task Specific Training Work Method/JSA Provided |

| Day | Date | Shift (D) (A) or (N) | Enter in 24 hour Format | | Meal Break | Total | Extra Information (Please note here all relevant information) e.g. Cost Code/Description/Site/Unit/Job No | Protech Internal Use Only PLEASE LEAVE INSIDE OF DOUBLE LINES BLANK | | | | |
|-----------|------|----------------------|-------------------------|--------|------------|-------|---|--|------|----|------|-------|
| | | | Start | Finish | | | | ORD | 1.5x | 2x | 2.5x | Shift |
| Monday | / | | : | : | : | | | | | | | |
| Tuesday | / | | : | : | : | | | | | | | |
| Wednesday | / | | : | : | : | | | | | | | |
| Thursday | / | | : | : | : | | | | | | | |
| Friday | / | | : | : | : | | | | | | | |
| Saturday | / | | : | : | : | | | | | | | |
| Sunday | / | | : | : | : | | | | | | | |

| BANKED UNITS | |
|--|--------------|
| Note: Banked Units will only be processed if there is an Employee Banking Units Agreement in place. Please contact your Protech Rep for details. | |
| Bank | Units: _____ |
| Pay | Units: _____ |

If meal breaks are left blank – 30 minutes will be deducted.

| | | | | | | |
|------------------|--------|----------------|--|------|--|--|
| Total Hours | | TOTALS: | | | | |
| JO | DATE | CLIENT CODE | | | | |
| EXT BY | ENT BY | PO NOS | | DAYS | | |
| NOTES/ALLOWANCES | | | | | | |