



PROTECH WEEKLY TIMESHEET – NEW SOUTH WALES
PLEASE EMAIL YOUR TIMESHEET TO:
TIMESHEETSYD@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:			

EMAIL SCANNED TO: timesheetsyd@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	/		:	:	:							

Total Hours

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

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

TOTALS:						
JO		DATE		CLIENT CODE		
EXT BY	ENT BY	PO NOS			DAYS	
NOTES/ALLOWANCES						