



PROTECH WEEKLY TIMESHEET
PLEASE EMAIL YOUR TIMESHEET TO:
MYPAY@PROTECH.COM.AU

Company Name:		Site Name:		State:		WE Date:		Emp ID: (from Payslip)	
Print Employee Name:		Employee Position:		Employee Signature:					
Print Supervisor Name:		Supervisor Position:		Supervisor Signature:					

EMAIL SCANNED TO: mypay@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 immediately .	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	/		:	:	00:30							
Tuesday	/		:	:	00:30							
Wednesday	/		:	:	00:30							
Thursday	/		:	:	00:30							
Friday	/		:	:	00:30							
Saturday	/		:	:	00:30							
Sunday	/		:	:	00:30							

Note: Banked Pay is now processed through your MyPay portal. All Banked Pay is managed by employees

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

	All accidents, incidents, near misses or visits to first aid/site clinics, must be reported to the Protech Injury Reporting Number immediately on 1800 880 942 after initial treatment and after reporting the incident to your site supervisor.		All entries on this timesheet are regarded as documentary evidence and that by signing the timesheet as a client you agree to the Terms and Conditions of Business and as an employee to the Terms and Conditions of Employment, as issued by Protech.		For any queries or to contact MyPay: 1800 477 683
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