

HOSPITALITY GROUP TRAINING INC
WEEKLY EMPLOYEE TIMESHEET

(HGT's copy to be received via fax or post by 5pm each Monday)

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 Rundle Mall
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Hospitality Group Training

EMPLOYEES FULL NAME: _____

POSITION (apprentice/trainee): _____

HOST EMPLOYER OR TAFE*: _____

PLEASE NOTE:

*A separate timesheet MUST be filled in for TAFE

**A sick certificate MUST be provided to HGT for payment of any sick leave entitlements.

PAY PERIOD ENDING SUNDAY: / /

HOURS OF WORK (Completed daily, indicate total "rostered" hrs & total "worked" hrs)							COMMENTS - Please use this to indicate working on an RDO, sick**, etc	TOTAL WORKED HOURS	HOST INITIAL
DAY	DATE	ROSTERED HOURS	START	FINISH	START	FINISH			
MONDAY			AM PM	AM PM	AM PM	AM PM			
TUESDAY			AM PM	AM PM	AM PM	AM PM			
WEDNESDAY			AM PM	AM PM	AM PM	AM PM			
THURSDAY			AM PM	AM PM	AM PM	AM PM			
FRIDAY			AM PM	AM PM	AM PM	AM PM			
SATURDAY			AM PM	AM PM	AM PM	AM PM			
SUNDAY			AM PM	AM PM	AM PM	AM PM			
(Please circle AM or PM this could affect your allowances & penalties)								TOTAL HOURS FOR THE WK	

ADDITIONAL COMMENTS/OH&S ISSUES: (Please advise HGT of any accidents or work issues you may have EG: pay, safety, training, etc)

EMPLOYEE SIGNATURE: _____

EMPLOYEE NOTES TO REMEMBER -

- Your timesheet MUST be signed each week by you & your host employer & details are to be verified.
- You are responsible for ensuring all hours are recorded accurately.
- Any adjustments made need to be authorised by you & your host with a signature/initial.

Failure to comply with the above could result in disciplinary action or late payment of wages

OCCUPATIONAL HEALTH SAFETY & WELFARE REMINDERS

- * Report all accidents or injuries (including minor ones) to your supervisor immediately and HGT within 24 hours
- * Any hazards in the workplace are to be reported to your supervisor and HGT promptly
- * Ensure you are fit and healthy to carry out your required duties
- * Work safely without short cuts and keep your workplace clean, tidy and free from hazards

HOST EMPLOYER USE ONLY

You MUST indicate if you are using the alternative rostering arrangement (Appendix A)- Tick where applicable

APPENDIX: NO YES* *if YES please indicate your roster cycle

ROSTER: WEEKLY FORTNIGHTLY

HOST SIGNATURE: _____

Please ensure all details are correct before you sign as you will be invoiced according to the hours provided on this timesheet.

HGT PAYROLL USE ONLY							
NT	1 1/4	1 1/2	1 3/4	2	2 1/2	3	Allow.

Ordinary Hours

Overtime Hours

NT	_____		
1 1/4	_____	1 1/4	_____
1 1/2	_____	1 1/2	_____
1 3/4	_____	1 3/4	_____
2	_____	2	_____
2 1/2	_____	2 1/2	_____
3	_____	3	_____
		Allow	(\$2.19 per hr)
		Allow	(\$1.48 per hr)

Other Hours

Sick _____ TAFE _____
 Annual _____ Other _____

GROSS: \$ _____
 TAX: \$ _____
 LESS DED.: \$ _____
 NETT: \$ _____