

Weekly Time Sheet



Name: _____ Payroll No: _____ Host Employer: _____

Cert II / III _____ Field Officer: _____

Day	Date	Start Time	Finish Time	Meal Break	Total Hours	Ordinary Time	Time & Half	Double Time
Mon								
Tue								
Wed								
Thu								
Fri								
Sat								
Sun								
Total Hours For Week								

Did you attend TAFE this week? Yes No How many days: _____

Comments/remarks or reasons for hours off:

Apprentice/Trainee Signature: _____ Date: __ / __ / _____

Supervisor's Signature: _____ Date: __ / __ / _____

You must fax this copy to VACC on 03 9867 3415. Keep copy with your book.