



Timesheet advice for payments of wages

FORM 4-005

Complete this form fortnightly to pay casual and part time staff with non-fixed hours.

Employee details

Award classification

Employee name

pay as additional hours to fixed autopay

Dept/Location

Fortnight ended

Employment type

Position Title

Week 1 Pay Period

Day	Date	Type	Start time	Unpaid break	Finish time	No. of hours
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

Week 2

Day	Date	Type	Start time	Unpaid break	Finish time	No. of hours
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

Total hours

Mon-Fri

Annual Leave **

Long Service Leave **

Sat

Sick Leave **

Public Holiday **

Sun

** Approved Leave applications must be provided with timesheet.

Signatures

To meet processing deadlines, timesheets must be received by 10am on Monday of pay week.

I hereby authorise payment of this employee and the total amount to be charged to the department/section stated above.

Employee signature

Supervisor/Manager signature

Supervisor/Manager full name

Supervisor/Manager phone no.

Office use only	Received date	Actioned by	Actioned date	Checked by
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