

**AMRICK WORKER**

Complete ALL Fields, and in blue or black pen only. Any amendments must be initialed by supervisor.

1. Full name:

2. Position (tick one):  
 LABOUR    TRADE    TICKETED LABOUR    OTHER:

3. Phone number:

DATE (DD/MM/YY)	START TIME (CIRCLE AM/PM)	FINISH TIME (CIRCLE AM/PM)	TOTAL BREAK	TOTAL TIME (15MIN BLOCKS)	
MON / / 15	: AM : PM	: AM : PM	Mins	Hours & mins	→
TUE / / 15	: AM : PM	: AM : PM	Mins	Hours & mins	→
WED / / 15	: AM : PM	: AM : PM	Mins	Hours & mins	→
THU / / 15	: AM : PM	: AM : PM	Mins	Hours & mins	→
FRI / / 15	: AM : PM	: AM : PM	Mins	Hours & mins	→
SAT / / 15	: AM : PM	: AM : PM	Mins	Hours & mins	→
SUN / / 15	: AM : PM	: AM : PM	Mins	Hours & mins	→

**WORKER TERMS OF SIGNING:**

Upon the signing and submitting this timesheet below, the Amrick Worker above agrees and confirms that:

- The details on this timesheet are true and correct,
- The reported time worked confirms any variance from advised hours (if applicable),
- Submitting this timesheet after midnight on Sunday will result in a delayed payment of at least 5 working days,
- This timesheet will be rejected if information is missing (including the checklist below), it's unreadable, partial and/or unsigned by the Amrick Worker and/or Supervisor, and
- This timesheet will be rejected if the supervisor does not initial amendments.



**THIS TIMESHEET IS DUE MIDNIGHT SUNDAY AND WILL BE REJECTED IF SUBMITTED LATE, UNSIGNED OR INCOMPLETE.**

**IMPORTANT!**

**TIMESHEETS TO BE SUBMITTED VIA EITHER OF THE FOLLOWING METHODS ONLY (IF ANY SUBMISSION ISSUES CALL 24HR PH 03 9017 5948):**

- EMAIL: timesheets@amrick.com.au
- FAX: 1300 737 716
- IN PERSON: Level 3, 456 St Kilda Road, Melbourne (7am to 7pm Mon to Fri only)

**THE AMRICK WORKER ALSO CONFIRMS THE FOLLOWING:**

- Did you have any health and safety concerns on site?    NO    YES
- Did your job duties vary from the original position?    NO    YES
- Were you involved in, or a witness to, any incident?    NO    YES

Signed by Amrick Worker: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

**SUPERVISOR**

Complete ALL Fields, and in blue or black pen only

1. Supervisor name:

2. Site address (street and suburb):  
  
Victoria, AU

3. Company (builder/contractor):

MUST SIGN FOR EACH DAY WORKED	SUPERVISOR NAME (IF DIFFERENT TO ABOVE)
Supervisor signature	Supervisor name
Supervisor signature	Supervisor name
Supervisor signature	Supervisor name
Supervisor signature	Supervisor name
Supervisor signature	Supervisor name
Supervisor signature	Supervisor name
Supervisor signature	Supervisor name

**SUPERVISOR TERMS OF SIGNING:**

Upon the signing of this timesheet above where indicated, the Supervisor named above agrees and confirms that:

- He/she is an authorised representative of the Company,
- The work completed by the Amrick Worker is satisfactory and the Amrick worker has fulfilled the client needs for the specified period of time above,
- No incidents (including, but not limited to injury, damage and productivity loss) involving the Amrick Worker had occurred,
- All the details specified on this timesheet are true and correct, and
- The Supervisor has had access to, agrees and has signed this timesheet in accordance with Amrick's terms of service.



**FOR ANY ISSUES WHATSOEVER, CALL 24 HOUR HOTLINE:**

**CONTACT US 24 HOURS 7 DAYS**

**PH: 03 9017 5948**