



WEEKLY TIMESHEET

EMPLOYEE DETAILS

COMPANY DETAILS

FIRST NAME: _____

COMPANY NAME: _____

LAST NAME: _____

JOBSITE ADDRESS: _____

POSITION: _____

SUPERVISOR NAME: _____

DAY	DATE	START	FINISH	BREAK	HOURS	COMMENTS	SUPERVISOR SIGNATURE
MONDAY	/ /						
TUESDAY	/ /						
WEDNESDAY	/ /						
THURSDAY	/ /						
FRIDAY	/ /						
SATURDAY	/ /						
SUNDAY	/ /						
					TOTAL HOURS		

Important Timesheet Submission Guidelines:

- All sections must be completed in full — incomplete timesheets will not be processed.
- Timesheets must be submitted by **12:00 PM every Monday** for the previous week worked.
- Ensure all dates, start/end times, and break details are accurate and legible.
- Use one timesheet per employee, per site.
- Supervisor approval is required before processing — timesheets will **not** be processed without authorised personnel approval.

Employee Name Sign Date

Supervisor Name Sign Date

CONTACT ADMIN@PROCHOICE.AU FOR ANY ENQUIRIES.

OFFICE USE ONLY

ALL FIELDS	APPROVAL	TOTAL HRS	INITIAL
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

This timesheet is a legal document under the Building & Construction Industry Security of Payment Act 1999. Any falsification or unauthorised alteration may constitute fraud and will be prosecuted.