



Safety & Health Personnel Solutions

ABN 50 079 500 691

Name: _____ Month: _____
 Client Company: _____ Site: _____

Date	Start	Finish	Normal Hrs	Overtime*	Total Hrs	Annual Leave	Sick Leave	Training	Other
1st									
2nd									
3rd									
4th									
5th									
6th									
7th									
8th									
9th									
10th									
11th									
12th									
13th									
14th									
15th									
16th									
17th									
18th									
19th									
20th									
21st									
22nd									
23rd									
24th									
25th									
26th									
27th									
28th									
29th									
30th									
31st									

Total Client Hrs 0

*Comments: _____

Employee's Signature: _____ Client Representative's Signature: _____