



Timesheet

Timesheets must be received by 12pm (MIDDAY) TUESDAY

Email: payroll@atq.com.au

For Enquiries Call: (07) 3806 1120

Section A. My Details

My Full Name is _____ Weekending Date: / /
(Always Sunday's date)

My Host Employer is _____
(Send one timesheet for each Host Employer)

My Contact Number is _____ My ID Number is:

My Trade is _____ My Year of Trade is (tick): 1st 2nd 3rd 4th Other

Section B. My Work Hours from Monday to Sunday - please print clearly in blue or black pen

DATE	JOB LOCATION <small>(E.g. Site Address, Workshop, College, Sick, Annual Leave, LOA, RDO, etc)</small>	HOURS WORKED <small>(DO NOT INCLUDE LUNCH BREAK)</small>	COMMENTS <small>(E.g. Reason for absence or short day and/or ALLOWANCES (E.g. Meal, Bonus, Living away, etc)</small>
Mon/...../.....		: hrs mins	
Tues/...../.....		: hrs mins	
Wed/...../.....		: hrs mins	
Thurs/...../.....		: hrs mins	
Fri/...../.....		: hrs mins	
Sat/...../.....		: hrs mins	
Sun/...../.....		: hrs mins	

Section C. Change of Details (e.g. Bank, Address)

.....

TOTAL HOURS: :
(must be completed) hrs mins

If worked under 38 hrs, please give reasons above.

Section D. Employee Declaration

I certify that this timesheet is a true and correct record of my hours worked and allowances claimed this week.

Signature..... Date...../...../.....

Section E. Host Employer Authorisation - please ensure all fields are completed in full

As the Authorised Host Employer/Supervisor, I have verified these hours and authorise All Trades Queensland to make payment and invoice accordingly, including overtime and allowances as per the details provided.

Name of Authoriser Company Name.....
 Job Title..... Signature Date...../...../.....

REMINDERS

SICK LEAVE WILL ONLY BE PAID IF YOU:

- Phone the office (not your Workforce Officer) **before 8.30am** or **within 1 hour of ceasing work**
- Have supplied a medical certificate for sick days more than 1 day, before or after a public holiday, annual leave day or LOA day

COLLEGE:

- College can be submitted on a separate timesheet
- Must write the hours you attended for each day

WET DAYS WILL ONLY BE PAID IF YOU:

- Phone the office (not your Workforce Officer) **before 8.30am** or **within 1 hour of ceasing work**.

ANNUAL LEAVE/LOA WILL ONLY BE ACCEPTED IF:

- An ATQ leave form has been submitted 1 week prior to leave

Example

Name:

My ID Number is:



Timesheet

Timesheets must be received each TUESDAY by 12pm MIDDAY

Email: payroll@atq.com.au For Enquiries Call: (07) 3806 1120

Section A. My Details

My Full Name is John Smith Weekending Date: / /
(Always Sunday's date)

My Host Employer is 123 Build My ID Number is:
(Send one timesheet for each Host Employer)

My Contact Number is 0412 345 678

My Trade is Carpentry My Year of Trade is (tick): 1st 2nd 3rd 4th Other

Section B. My Work Hours from Tuesday to Monday - please print clearly in blue or black pen

DATE	JOB LOCATION <small>(E.g. Site Address, Workshop, College, Sick, Annual Leave, LOA, RDO etc)</small>	HOURS WORKED <small>(DO NOT INCLUDE LUNCH BREAK)</small>	COMMENTS <small>(E.g. Reason for absence or short day) and/or ALLOWANCES <small>(E.g. Meal, Bonus, Living away, etc)</small></small>
Mon <u>09./01./17.</u>	<u>Workshop</u>	<u>8 : 00</u> <small>hrs mins</small>	
Tues <u>10./01./17.</u>	<u>Myer Centre</u>	<u>9 : 15</u> <small>hrs mins</small>	<u>Meal</u>
Wed <u>11./01./17.</u>	<u>Annual Leave</u>	: <small>hrs mins</small>	
Thurs <u>12./01./17.</u>	<u>Logan Hospital</u>	<u>6 : 30</u> <small>hrs mins</small>	<u>Wet Day</u>
Fri <u>13./01./17.</u>	<u>Workshop</u>	<u>7 : 30</u> <small>hrs mins</small>	
Sat <u>14./01./17.</u>	<u>Workshop</u>	<u>7 : 30</u> <small>hrs mins</small>	
Sun <u>15./01./17.</u>		: <small>hrs mins</small>	

COMMENTS & ALLOWANCES

- If you are absent from work or have a short day, specify the reason.
- Fill in any extra allowances you are entitled to claim.

JOB LOCATION

Must write down the place you worked. If you did not work, write down the reason why (e.g. College, Sick, Annual Leave, LOA, RDO etc)

Section C. Change of Details (e.g. Bank, Address)

New mobile: 0411 111 111

TOTAL HOURS: :
(must be completed) hrs mins If worked under 38 hrs. please give reasons above.

Section D. Employee Declaration

I certify that this timesheet is a true and correct record of my hours worked and allowances claimed this week.

Signature: [Signature] Date: 16./01./17

Section E. Host Employer Authorisation - please ensure all fields are completed in full

As the Authorised Host Employer/Supervisor, I have verified these hours and authorise All Trades Queensland to make payment and invoice accordingly, including overtime and allowances as per the details provided.

Name of Authoriser: Jill Wilson Company Name: 123 Build

Job Title: Supervisor Signature: [Signature] Date: 16./01./17

HOST EMPLOYER AUTHORISATION

If your Host Employer has not filled out this section in full, your timesheet will not be processed.