



**Murraylands Training & Employment**

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 ABN : 16 762 214 557

Please mark X in the appropriate classification

TRAINEE   
  APPRENTICE   
  SCHOOL BASED  
 LABOUR HIRE   
  FULL TIME

EMPLOYEE'S NAME: \_\_\_\_\_

HOST EMPLOYER: \_\_\_\_\_ WEEK ENDING: \_\_\_\_\_

ORDINARY HOURS (Excluding Overtime)						OVERTIME				LEAVE		
DAY & DATE	START TIME e.g 8.30am	BREAK UNPAID e.g meal	RESTART TIME	FINISH TIME	TOTAL Hours minus unpaid breaks	START TIME	FINISH TIME	TOTAL Hours minus unpaid breaks	OFFICE USE ONLY Hours @1.5	OFFICE USE ONLY Hours @2	TYPE E.G Sick Leave / Annual	HOURS
WEDNESDAY / /												
THURSDAY / /												
FRIDAY / /												
SATURDAY / /												
SUNDAY / /												
MONDAY / /												
TUESDAY / /												
					<b>TOTAL</b>			<b>TOTAL</b>			<b>TOTAL</b>	

COMMENTS: \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_ SUPERVISOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*\* NO TIMESHEET.....NO PAY \*\***

EMAIL [admin@mtesa.com.au](mailto:admin@mtesa.com.au) OR DELIVER TIMESHEETS

.....NO LATER THAN 10:00AM WEDNESDAY.....

\*MEDICAL CERTIFICATES MUST BE SUPPLIED TO BE PAID ACCRUED SICK LEAVE\*

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