ATEC Group Training Apprentice Timesheet (Please note: Payroll direct phone line 08 8444 2537 or mobile 0400 750 114)

email to **payroll@atec.asn.au** or fax your SIGNED timesheet to ATEC Payroll on **08 8447 4311** by **8.30am** on the Monday after the payroll fortnight end date

ATEC Group Training

Number & Name _____ Award **Electrical, Electronic and communications Contracting 2010**

Location/Host _____ Work Pattern *

Pay Period _____ **to** _____ Pay Day _____

Spare ATEC Timesheets are available on http://www.atec.asn.au/exisiting-apprentices-info.html

(1) Hours Worked for Host Employer														(2) Other Hours Claimed										(EE&CC) Allowances				
*Employee's ordinary hours: hours mins per week/fortnight Please advise if on Rostered Day Off System								Overtime/Shift Penalty **please note, minimum engagement Saturday & Sunday = 4 hours																Travel Allowances				
Day	**Date**	**Start time*** ie 7.30am	**Break unpaid*** Start break ie 12pm	End break ie 1.30pm	**Finish time*** ie 4pm	**Total** (Hours minus unpaid breaks)	**RDO Accrued** (only complete if on RDO system)	**Start time** (e.g. 5pm)	**Finish time** (eg 7.30pm)	**T1/2** 1st 2 hours	**2T**	**Shift 50%**	**Shift 100%**	**Leave No Pay** 14	**RDO Taken** 16	**P/Hol - Not Worked** 13	**RDO Accrual NC** 30	**Off The Job** 31	**Annual Leave** 35	**Personal Leave** 6 9	**Other Ordinary** 39	**Modified Duties** 34	**WorkCover** 26-28	**Job site > 50kms = Travel Time 15 mins** A015	**Start/Finish @ Host site or depot** A022	**Time Travel-present for work and RDO's** A023	**Time Travel NC** A043	**Host offers transport free of charge from home or Depot to site** A036
Mon																												
Tues																												
Wed																												
Thurs																												
Fri																												
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Sub Tot																												
F/N Total																												

Employee Signature _____ **Date** _____ **Host Signature** _____ **Date** _____

I certify that the details on this form are correct and all annual/sick leave forms have been submitted. This is an official document. False representation will incur disciplinary action.

Supervisors: Authorisation of this timesheet signifies your agreement with the hours listed above, and acceptance of the corresponding invoice for wage charges. ** Overtime on unsigned timesheets will be paid the following pay cycle

Comments/ Requests: _____ **Host , Please Print Name** _____