

AGA Timesheet



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Employee Name _____ Employee Code _____

Host Name _____

Tel No. _____ Pay Location _____

Trade _____ Year Level _____ Week Ending _____

DAY	DATE	ACTIVITY CODE	START TIME	LUNCH BREAK	FINISH TIME	TOTAL HOURS	HOURS WORKED				ALLOWANCES AND OTHER ADDITIONS	COMMENTS INCLUDING WORK LOCATION ETC	SUPERVISOR'S INITIAL
							NORMAL	OT 1.5	OT 2.0	OT 2.5			
MON													
TUE													
WED													
THU													
FRI													
SAT													
SUN													

TOTAL HOURS _____

ACTIVITY CODE	
Worked	ORD
Trade School	TS
Annual Leave	AL
Personal Leave	PL
Public Holiday	PH
Public Holiday Worked	PHW
Rostered Day Off	RDO
Wet Day	WD
Unplaced	UNP
Unplaced Training	UNTR
Workcover	WC

EMPLOYEE AUTHORISATION	
I hereby certify the hours stated are true and correct. I understand the consequences of providing incorrect information.	
Signature	_____
Date	_____

HOST/SUPERVISOR AUTHORISATION	
I hereby certify the hours stated are true and correct.	
Signature	_____
Print name	_____
Date	_____

COMMENTS/ADDITIONAL INFORMATION

OFFICE USE ONLY

TIMESHEETS ARE REQUIRED TO BE SUBMITTED BY 10AM TUESDAY TO BE PAID ON TIME.