



PLEASE INDICATE THAT YOU HAVE ALTERED  
 THIS SHEET BY PLACING A TICK IN THIS BOX

EMPLOYEE NAME:

NUMBER:

WEEK 1

FAILURE TO DO SO MAY RESULT IN NO ADDITIONAL CLAIMS PROCESSED

DATE	ORDINARY TIMES							COST CENTRES WORKED IN					L/ LEAVE TIME		CLAIMS/ALLOWANCES TICK IF APPLICABLE								✓	
	START	FINISH	TOTAL		BREAK	TOTAL							Hrs	Min	LEAV	OVT	T.I.L	P'HOL	TOILET	T'L	KM	SHIFT		1ST AID
			Hrs	Min	ESS 30 MIN	Hrs	Min																	



WEEK 2

DATE	ORDINARY TIMES						COST CENTRES WORKED IN						ADDITIONAL/ LEAVE TIME		CLAIMS/ALLOWANCES																								
	START	FINISH	TOTAL		BREAK	TOTAL								TICK IF APPLICABLE																									
			Hrs	Min	LESS 30 MIN	Hrs	Min							Hrs	Min		LEAV	OVT	T.I.L	P'HOL	TOILET	T'L	KM	SHIFT	1ST AID														
<b>ORDINARY TOTAL HOURS</b>															<b>ADDITIONAL TOTAL HOURS</b>																								
<b>ACTUAL TOTAL HOURS</b>																																							

*Claimants Certification: I accept the above duties and certify that the above hours as claimed have been worked.*

Signed: ..... Date: .....

Signed: ..... Date: .....

**Section Certification (OFFICE USE ONLY) LEAVE KEY:** AL= Annual SL= Sick UP= Unpaid TIL= Time In Lieu BR=Bereavement Leave FL=Family Leave