



APPRENTICE & TRAINEE TIMESHEET

EMPLOYEE NAME: _____

HOST EMPLOYER: _____

WEEK ENDING: ___/___/___

DAY	DATE	TODAY AT*	START TIME	LUNCH BREAK	FINISH TIME	TOTAL HOURS	OVERTIME (Office Use ONLY)
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
SUNDAY							
TOTAL HOURS FOR WEEK							

TODAY AT*

Work	WK
Trade School	TS
RDO	RDO
Public Holiday	PH
Public Holiday Work	PHWK
Annual Leave	AL
Personal Leave (sick)	PL
Bereavement Leave	BL
WorkCover	WC

An Application for Leave form must be completed for annual leave for 5 or more days.

NOTES:

EMPLOYEE SIGNATURE: _____

I declare that the hours above are correct

HOST EMPLOYER SIGNATURE: _____

I declare that the hours above are correct

HOST EMPLOYER NAME: _____

Please submit timesheet to Victorian Group Training BEFORE 10am every Thursday
Timesheet will not be processed if Host Employer has not authorised/signed.

EMAIL: payroll@vgtc.org.au
FAX: 1300 315 212