

Employee name: \_\_\_\_\_

Client name: \_\_\_\_\_

Week ending (Sunday): \_\_\_\_\_

Please copy and retain for your records and for your host employers records. By signing this time sheet, you are agreeing to Occupational Health Professionals Pty Ltd terms and conditions.

## OHP Services

Recruitment

Injury Management

Occupational Health & Safety Training

Occupational Health & Safety Consulting

Health Screening

Day	Date	Start	Finish	Less Break	Total
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
				<b>Total:</b>	

Employee signature: \_\_\_\_\_

Date: \_\_\_\_\_

Authorising signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

***Time sheets must reach pay office by 5pm Monday's. Time sheets can be sent via fax, post or email.***

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