|  |  |  |  |
| --- | --- | --- | --- |
| Employee / Workers Name: |  | Post Title: |  |
| Department / Unit: |  | Line Manager/ Supervisor’s Name: |  |
| Week Commenced: |  | Hourly Rate: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Start Time** | **Break (unpaid)**  (A min of 30 minutes) | **End Time** | **Total Hours** | **Comments** |
| Monday |  |  |  |  |  |
| Tuesday |  |  |  |  |  |
| Wednesday |  |  |  |  |  |
| Thursday |  |  |  |  |  |
| Friday |  |  |  |  |  |
| Saturday |  |  |  |  |  |
| Sunday |  |  |  |  |  |
| **Total weekly hours:** | | | |  |  |

|  |  |
| --- | --- |
| Employee / Workers Signature: |  |
| Date: |  |
| Line Manager / Supervisor’s Signature: |  |
| Date: |  |