|  |  |  |  |
| --- | --- | --- | --- |
| 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:  |  |