



EDMEN WORKFORCE WEEKLY TIME SHEET

IF YOUR TIMESHEET IS NOT IN BY 10AM MONDAY YOUR PAY WILL BE DELAYED

EMAIL: timesheet@edmen.com.au

Your Name: _____

Employee Position: _____

Client Name: _____

Site Address: _____

Week Ending Date: / / i.e. Saturday's Date: _____

Supervisors Name: _____

Day	Date	Time Start 24 Hr Time	Time Finish 24 Hr Time	Break Y / N	Allowances / Other / Comments	Authorised Supervisor's Signature

Employee Agreement, Section 13 Payment of Wages
 Payment for your work will be made by the EDMEN GROUP on a weekly basis only upon receipt of an Edmen Workforce timesheet, correctly completed and with appropriate authorisation by an approved client supervisor or by some other method defined by Edmen Workforce.

Employment Agreement, Section 11 OH&S
 Edmen Workforce is dedicated to maintaining a safe working environment for all of its employees, therefore if you are involved in (1) near miss, (2) an incident whilst at work, you must report it to your supervisor and contact Edmen Workforce immediately - 24hrs/day, 7 days/week.

- Timesheet Methods**
1. In Person-Hand in at Reception
 2. After Hours - mail box at front door
 3. Email-Scan signed copy to timesheet@edmen.com.au

REMINDER: It is your responsibility, not that of the client, to submit your timesheet. You personally must ensure that it is submitted on time.

In order to ensure the effective processing of pays and that you may receive your pay on time, timesheets must be received by Edmen Workforce by 10am Monday. The delay of any timesheet must be followed up by a phone call to Edmen Workforce. If we don't have your timesheet in by 10am Monday you will be paid the following week.

Messages to Payroll: _____



OHS CONCERN / HAZARD REPORT FORM

If you are identified a hazard, near miss, breach, incident or OHS concern while working, please complete this form and forward it to Edmen immediately. Edmen will use this form to investigate the issue/hazard and take appropriate actions

REPORTED BY

Surname: _____

Given Name: _____

Client Name: _____

Week Ending date: _____

PARTICULARS OF HAZARD

 Incident Near Miss Workplace Hazard Hazardous Work Practice Other: _____

Describe the concern/hazard: _____

Employee Signature: _____

Date: _____

OFFICE USE ONLY:

Investigation required (attach investigation report): _____