



Employee:	
Traineeship:	Certificate II in Health Support Services
Fortnightly Hours:	15 (minimum)
Training Day:	Not applicable

Host Employer:	
Contact Person:	
Telephone:	
Fax:	

Customer No:	
Invoice No:	

		HOURS WORKED				
		Start Time	Finish Time	Meal Break	HTA Training ONLY	Hours Worked
Mon	/ /2018					
Tue	/ /2018					
Wed	/ /2018					
Thu	/ /2018					
Fri	/ /2018					
Sat	/ /2018					
Sun	/ /2018					
Mon	/ /2018					
Tue	/ /2018					
Wed	/ /2018					
Thu	/ /2018					
Fri	/ /2018					
Sat	/ /2018					
Sun	/ /2018					
				TOTALS		

		SPLIT SHIFTS ONLY			
		Start Time	Finish Time	Meal Break	Hours Worked

ANNUAL LEAVE	SICK LEAVE	PUBLIC HOLIDAY
Total Hours	Total Hours	Hours Worked

I certify the hours shown above are true and correct

Employee (Trainee) Signature _____

Host Employer Signature _____

PLEASE NOTE: You MUST provide an HTA Leave Form for **ALL LEAVE**
 This MUST be signed by you and your Host Employer (Supervisor)

2 OR MORE CONSECUTIVE SICK DAYS REQUIRE A MEDICAL CERTIFICATE

**TIMESHEETS MUST BE RECEIVED NO LATER THAN
 11.00 AM MONDAY FAX TO: (08) 9273 3045
 OR EMAIL TO payroll@amawa.com.au**

ADJUSTMENTS/NOTATIONS: _____