Employee:	
Traineeship:	Certificate II in Business
Fortnightly Hours:	16
Training Day:	Not applicable

Host Employer:	
Contact Person:	
Telephone:	
Fax:	

Customer No:	
Invoice No:	

		HOURS WORKED					SPLIT SHIFTS ONLY				ANNUAL LEAVE	SICK LEAVE	PUBLIC HOLIDAY
		Start Time	Finish Time	Meal Break	HTA Training ONLY	Hours Worked	Start Time	Finish Time	Meal Break	Hours Worked	Total Hours	Total Hours	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									

I certify the hours shown above are true and correct

Employee (Trainee) Signature_____

Host Employer Signature _____

PLEASE NOTE: YOU MUST PROVIDE A HTA LEAVE FORM FOR **ALL LEAVE** SIGNED BY YOUR HOST EMPLOYER AND YOURSELF

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:_____