

Name: _____ Employer: _____

Please also ensure that you have completed the declaration section overleaf, before submitting.

Week 1

Week 3

Date	Start Time	Finish Time	Total Hours	Date	Start Time	Finish Time	Total Hours
Subsistence:		Totals:		Subsistence:		Totals:	

Week 2

Week 4

Date	Start Time	Finish Time	Total Hours	Date	Start Time	Finish Time	Total Hours
Subsistence:		Totals:		Subsistence:		Totals:	

Additional Notes and Information

Please use this space to tell us any additional information regarding the hours listed overleaf, and/or any adjustments needed for the last pay, etc.

Declaration

This must be signed by both the employer AND employee.

I certify that, to the best of my knowledge, the hours on this form are complete and correct. I understand that I am responsible for the accuracy of the information submitted.

Employer

Signed: _____

Print Name: _____

Date: _____

Employee

Signed: _____

Print Name: _____

Date: _____