|  |  |  |  |
| --- | --- | --- | --- |
| Employee Full Name: | | | |
| ABN: | | | |
| Business Name: | | | |
| First day of the Working Week/Fortnight | | Mon / Tues / Wed / Thurs / Fri / Sat / Sun | |
| Date of Worker’s First Day | | \_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_20\_\_\_\_\_ | |
| Week | Pay Period - First Day | Pay Period - Last Day | Total Hours Worked |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |
| 11 |  |  |  |
| 12 |  |  |  |
| 13 |  |  |  |
| 14 |  |  |  |
| 15 |  |  |  |

**Declaration by Employer and Employee:**

|  |  |
| --- | --- |
| **Employer Full Name:** | **Employer Signature:** |
| **Position:** | **Date Signed:** |
|  | |
| **Employee Full Name:** | **Employee Signature:** |
|  | **Date Signed:** |