|  |
| --- |
| 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:** |