



**PROTECH WEEKLY TIMESHEET – VICTORIA**  
**PLEASE EMAIL YOUR TIMESHEET TO:**  
**TIMESHEETMELB@PROTECH.COM.AU**

Company Name:		Site Name:		Week Ending Date:		Emp. Ref:	
Print Employee Name:		Employee Position:		Employee Signature:			
Print Supervisor Name:		Supervisor Position:		*Supervisor Signature:			

**EMAIL SCANNED TO: [timesheetmelb@protech.com.au](mailto:timesheetmelb@protech.com.au) BY MIDDAY EACH MONDAY**

Please Note: LATE TIMESHEETS MAY NOT BE PROCESSED UNTIL THE NEXT WEEK.  
 We CANNOT ACCEPT timesheets that are not signed by your supervisor.

**\*SITE SAFETY CONFIRMATION**

Please note: By Signing this Timesheet above you are confirming that all the Site Safety tasks across have been completed by this employee. If this is incorrect advise your Protech Consultant *immediately*.

On Site Induction	Site/Task Specific Training
Initial Tasks Supervised	Work Method/JSA Provided

Day	Date	Shift (D) (A) or (N)	Enter in 24 hour Format		Meal Break	Total	Extra Information (Please note here all relevant information) e.g. Cost Code/Description/Site/Unit/Job No	Protech Internal Use Only PLEASE LEAVE INSIDE OF DOUBLE LINES BLANK				
			Start	Finish				ORD	1.5x	2x	2.5x	Shift
Monday	/		:	:	:							
Tuesday	/		:	:	:							
Wednesday	/		:	:	:							
Thursday	/		:	:	:							
Friday	/		:	:	:							
Saturday	/		:	:	:							
Sunday	/		:	:	:							

If meal breaks are left blank – 30 minutes will be deducted.

**Total Hours**

<b>TOTALS:</b>						
JO	DATE		CLIENT CODE			
EXT BY	ENT BY	PO NOS			DAYS	
NOTES/ALLOWANCES						