

# AGA Timesheet



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Employee Name \_\_\_\_\_ Employee Code \_\_\_\_\_

Host Name \_\_\_\_\_

Tel No. \_\_\_\_\_ Pay Location \_\_\_\_\_

Trade \_\_\_\_\_ Year Level \_\_\_\_\_ Week Ending \_\_\_\_\_

DAY	DATE	ACTIVITY CODE	START TIME	LUNCH BREAK	FINISH TIME	TOTAL HOURS	HOURS WORKED				ALLOWANCES AND OTHER ADDITIONS	COMMENTS INCLUDING WORK LOCATION ETC	SUPERVISOR'S INITIAL
							NORMAL	OT 1.5	OT 2.0	OT 2.5			
MON													
TUE													
WED													
THU													
FRI													
SAT													
SUN													
TOTAL HOURS													

ACTIVITY CODE	
Worked	ORD
Trade School	TS
Annual Leave	AL
Personal Leave	PL
Public Holiday	PH
Public Holiday Worked	PHW
Rostered Day Off	RDO
Wet Day	WD
Unplaced	UNP
Unplaced Training	UNTR
Workcover	WC

EMPLOYEE AUTHORISATION	
I hereby certify the hours stated are true and correct. I understand the consequences of providing incorrect information.	
Signature	
Date	

HOST/SUPERVISOR AUTHORISATION	
I hereby certify the hours stated are true and correct.	
Signature	
Print name	
Date	

COMMENTS/ADDITIONAL INFORMATION

OFFICE USE ONLY

**TIMESHEETS ARE REQUIRED TO BE SUBMITTED BY 10AM TUESDAY TO BE PAID ON TIME.**