No. 76L

EMPLOYER'S NAME ADDRESS

APPLICABLE AWARD/AGREEMENT

_____ ADDRESS EMPLOYEE'S NAME DATE OF BIRTH ____

CLASS OF WORK __

TERMS OF | FULL TIME | PERMANENT | EMPLOYMENT | PARTTIME | CASUAL

WEEK ENDING 'EMPLOYEE HAME		_	_	WORK	_	_		HOURS	RATE		ALLOWANCES				GROSS WAGES			DEDUCTIONS				NET PAYMENT		EMPLOYER SUPER. CONTRIB.		SIGNATURI	
	1st	2nd	3rd	4th	5th	8th	7th								11110		TAX					17411112	_	CONTI	RIB.		
																					Н						
			-			Α		—	н			М	4													_	
	ь										I.	М										-1					
						ь																					
				Н					н		н		_	н	-												
		4		Ш		_			Ш																		
															-		mi	+0	h								
										_	7:0	vr	-C	Ρ1	·V		Ш	rc	-u								
								1	\bigcirc	4	-10	וע	13		7												
									П																		
									Н											-							
				-	_			_	-	_										-	-						