EMPLOYER'S NAME ADDRESS

EMPLOYEE'S NAME DATE OF BIRTH . ADDRESS

APPLICABLE AWARD/AGREEMENT

CLASS OF WORK

TERMS OF EMPLOYMENT PART-TIME

PERMANENT TEMPORARY

WEEK ENDING (EMPLOYEE NAME)		LY	TOTAL	B/	ALLOWANCES ATE				GROSS WAGES			DEDUCTIONS					NET PAYMENT		EMPLOYER SUPER. CONTRIB.		SIGNATURE						
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