

ZIONS SYSTEMS
EMPLOYEES TIME AND WAGES RECORD

PAY WEEK ENDING

EMPLOYER NAME & ADDRESS

EMPLOYEE'S NAME

DATE OF BIRTH
(if under 21)

ADDRESS

TERMS OF EMPLOYMENT

CLASS OF WORK PERFORMED

NAME OF AWARD

DAY	DATE	TIME OF STARTING	TIME OFF DURING WORK PERIOD		TIME OF FINISHING	TOTAL DAILY HOURS		EMPLOYEE'S SIGNATURE
			*MEAL PERIOD	OTHER		ORDINARY	OVERTIME	
1st Day								
2nd Day								
3rd Day								
4th Day								
5th Day								
6th Day								
7th Day								

SAMPLE

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To be completed where no fixed meal period(s) are provided under the employee's contract of employment.
I certify that the above hours worked are true and correct.

TOTAL HOURS WORKED

WAGES and ALLOWANCES

ORDINARY TIME	OVERTIME	TOTAL ADJUSTED HOURS FOR WEEK	GROSS WAGE	ALLOWANCES	DEDUCTIONS	TAX	NET WAGES	SUPER. CONTRIBUTION

The above record of time worked and payment made is a true and correct record of the hours worked by, and the payment made to, the above named employee during this week.

EMPLOYER'S SIGNATURE