

ZIONS SYSTEMS TIME SHEET BOOK – No. 30AB

CHECK No. _____

WEEK ENDING

____ / ____ / ____

 EMPLOYER'S NAME
BUSINESS & ADDRESS _____

 EMPLOYEE'S FULL NAME _____ CLASSIFICATION AND AGE _____
(IF NECESSARY)

In cases where the Employee's Rate of wages varies under the Award, according to (1) the age when the Employee entered the business, or (2) the Employee's period of experience in this particular class of business, then the following particulars should be filled in:-

 (1) Age when Employee entered the business.

 (2) Period of experience in this class of business.

If an Apprentice, state-

Age _____

 Apprenticeship date

| Day of Week | Morning Start | Checked By | Lunch Leave | Checked By | Lunch Return | Checked By | Tea Leave | Checked By | Tea Return | Checked By | Finish | Checked By | Ordinary Hours Worked | Overtime Hours Worked |
|-------------|---------------|------------|-------------|------------|--------------|------------|-----------|------------|------------|------------|--------|------------|-----------------------|-----------------------|
| 1st | | | | | | | | | | | | | | |
| 2nd | | | | | | | | | | | | | | |
| 3rd | | | | | | | | | | | | | | |
| 4th | | | | | | | | | | | | | | |
| 5th | | | | | | | | | | | | | | |
| 6th | | | | | | | | | | | | | | |
| 7th | | | | | | | | | | | | | | |

Total Ordinary Hours _____ at _____ \$:

Total Overtime Hours _____ at _____ \$:

Allowance (if any) for quarters or board & lodging _____ \$:

Allowance for Tea Money or _____ \$:

Deduction _____ for _____ \$:

Deduction _____ for _____ \$:

TOTAL PAYMENT \$ _____ :

THIS SHEET MUST BE FILLED UP IN INK DAILY and kept at the Workshop or Factory or place where the employee carries on his business.

 Employee's Signature
(if required)

Employer Super Contribution \$:

Paid to _____ Fund/Scheme