

2009 Gymnastics Community Trust Fortnightly Timesheet

Employee Name _____ Fortnight Ending _____

First and last name _____

Date	General Gym			North Harbour				Hibiscus Coast				Other				
	Artistic	Rhythmic	Kindy	Rec Ext Adv	WAG	IMAG	RG	Schools	Adult Parties	Brns Bay	Beimont		Special Needs	Admin	GG	Kindy
Monday																
Tuesday																
Wednesday																
Thursday																
Friday																
Saturday																
Sunday																

Monday																
Tuesday																
Wednesday																
Thursday																
Friday																
Saturday																
Sunday																

Cost Centre Totals																
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Employee Signature _____

Fortnight Total Hrs _____

Please Note: To avoid this timesheet not being paid - employees must sign form. Full name must be written, cost centre hrs totalled and F/N hours totalled. Payslips will only be emailed.

Supervisor Signature/s _____