## Timesheet – Lettings – minimum of 1 ½ hours per letting (Open and close)

| NAME                       |            |                  | EMPLOYEE NUMBER       |  |   |                    |           |                |
|----------------------------|------------|------------------|-----------------------|--|---|--------------------|-----------|----------------|
| POSITION                   |            | WEEKLY CONTRACTE |                       |  | Y CONTRACTED HO   | URS                |           |                |
| MONTH AND YEAR H<br>WORKED | HOURS      |                  |                       |  |   |                    |           |                |
|                            |            |                  | For Office Use        |  |   | For Office Use     |           |                |
| DATE                       | Start Time | Finish Time      |                       | <b>0</b> − Plain Time<br>v)            | WAGE TYPE CODE - <b>4032</b> – Plain Time + 1/3 (Full Time Employees or Saturday or Sunday) |                    |           |                |
|                            |            |                  | Hours Work            |  | Minutes Worked  |                    | 's Worked | Minutes Worked |
|                            |            |                  |                       |  |   |                    |           |                |
|                            |            |                  |                       |  |   |                    |           |                |
|                            |            |                  |                       |  |   |                    |           |                |
|                            |            |                  |                       |  |   |                    |           |                |
|                            |            |                  |                       |  |   |                    |           |                |
|                            |            |                  |                       |  |   |                    |           |                |
| TOTALS                     |            |                  |                       |  |   |                    |           |                |
|                            |            |                  | DECIMAL<br>CONVERSION |  |   | DECIMAL CONVERSION |           |                |
| EMPLOYEE SIGNATURE         |            |                  |                       |  |   |                    |           |                |
|                            |            |                  |                       |  |   |                    |           |                |
| AUTHORISER SIGNATURE       |            |                  |                       | TOTAL OF HOURS / MINUTES<br>AUTHORISED |   |                    |           |                |
| DATE                       |            |                  |                       |  |   |                    |           |                |
| EVENT NUMBER (IF REQUIRED) |            |                  |                       | INPUT ON                               | ITO SAP BY  |                    |           |                |