

**ZIONS SYSTEMS**  
**EMPLOYEES TIME RECORD – No. 76S**

PAY WEEK ENDING ...../...../20.....
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EMPLOYER'S NAME ..... EMPLOYEE'S NAME .....

ADDRESS ..... ADDRESS .....

DAY	DATE	TIME OF STARTING	TIME OFF DURING WORK PERIOD		TIME OF FINISHING	TOTAL DAILY HOURS		EMPLOYEE'S SIGNATURE
			*MEAL PERIOD	OTHER		ORDINARY	OVERTIME	

SAMPLE

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\* To be completed where no fixed meal period/periods are provided under the employee's contract of employment.

TOTAL HOURS WORKED .....

I certify that the above hours worked are true and correct.

EMPLOYEE'S SIGNATURE .....