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SKYSCRAPER TOWER CRANES P/L
 ABN 76 617 915 983
 ACN 617 915 983

Employee's Name: _____ Builder's Name: _____

Job Site: _____

Driver Dogman Other _____ Pay Week Ending: _____

Terms of Employment Full Time Part Time Permanent Temporary Casual

Day	Date	Start Time	Time off during work period		Finish Time	Total Daily Hours		Site Foreman
			Meal Period	Other		Ordinary	Overtime	
Mon								
Tues								
Wed								
Thur								
Fri								
Sat								
Sun								

I certify that the above hours worked are true & correct

Site Foreman Name: _____

Date: _____

Signature: _____