Name: _____ Region: _____

RTO: _____ Month: _____

Trade/Classification: _____

Comments: _____

HVTC

Please note: This document is to be completed, attached to your online timesheet and submitted to HVTC Payroll every week by 9am Monday.
Failure to comply will result in loss of wages.

Phone: 1800 247 864

DATE	TIME STARTED	TIME FINISHED	TEACHER'S NAME	TEACHER'S SIGNATURE