



COFFS HARBOUR CITY COUNCIL

Employee No.	NAME								JOB TITLE								Week End	
Job Description	Hours Worked								Plant No.	Plant Hours/Kilometers								Job Number
	S	S	M	T	W	T	F			S	S	M	T	W	T	F		
Ord										Hr								
O/T										Hr								
Ord										Hr								
O/T										Hr								
Ord										Hr								
O/T										Hr								
Ord										Hr								
O/T										Hr								
Ord										Hr								
O/T										Hr								
Ord										Hr								
O/T										Hr								
Ord										Hr								
O/T										Hr								
Allows/Higher Duties		S	S	M	T	W	T	F	Assignment continuing: Yes No please circle									
Commencement Time									Supervisors please take a minute to grade this person for suitability. This information helps us provide you with the right people in the future.									
Finishing Time										Excellent	Good	Average	Poor	Comments				
Travelling (km)									Skills									
Higher Duties									Punctuality									
Daily Supervisor Signature									Attitude									
Employee Signature									Supervisor Signature									