

CASUAL TIMESHEET



Employee Name: _____

Week Ending: _____

Company Name: _____

Department: _____

Please ensure we receive this timesheet by 11am Monday Fax 1300 054 321

	GRADE	START TIME	FINISH	BREAK	ORD	1.5	2.0	Public Hol	TOTAL HRS	Allowances		
								2.5		A/Noon Shift	Night Shift	Meal
MONDAY												
TUESDAY												
WEDNESDAY												
THURSDAY												
FRIDAY												
SATURDAY												
SUNDAY												
TOTAL												
					HRS	HRS	HRS	HRS	HRS	HRS	HRS	HRS

Employee Signature _____

Supervisor Signature _____

I confirm that the abovementioned entries on this timesheet are a true & accurate reflection of the hours worked by myself and no injuries were sustained.

Supervisor Name _____

I verify the hours stated are correct and the work has been performed in a satisfactory manner. I also understand that temporary staff are supplied in accordance with Australian Recruiting Terms and Conditions.