



## Timesheet

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

**Employee Certification:** *I have worked the following hours and no injuries were sustained.*

**Employee Name:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Week Ending:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Department:** \_\_\_\_\_

	Date	Start	Finish	Break	Total	Ord.	T.5	DT	DT.5
<b>Monday</b>									
<b>Tuesday</b>									
<b>Wednesday</b>									
<b>Thursday</b>									
<b>Friday</b>									
<b>Saturday</b>									
<b>Sunday</b>									
<b>Total Hours</b>									

**Company Authorisation:** *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 of Business.*

**Signed on behalf of Company:** \_\_\_\_\_

**Name of signatory:** \_\_\_\_\_