



CASUAL TIMESHEET

Employee Name: _____

Week Ending: _____

Company Name: _____

Department: _____

Please ensure we receive this timesheet by 11am Monday. Fax: 0061 7 3414 4001

| | 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.