



Timesheet

Date _____

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

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
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									
Total Hours									

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: _____