TIME SHEET FOR WEEK ENDING __/__/2017

TEMPORARY SERVICES TIMESHEET & INVOICE AUTHORISATION

PLEASE EMAIL TO STAFF@RECRUITSOLUTIONS.COM.AU BY 5PM EACH FRIDAY

Surname: _____ **First Name:** _____

Client/Company: _____ **Telephone:** _____

Job performed: _____ **Classification:** _____

PLEASE ENTER START AND FINISH TIMES IN 15 MINUTE INCREMENTS

DATE	START	END TIME	LUNCH TIME IN MINS	TOTAL HOURS	OVERTIME HOURS	OFFICE USE
SAMPLE	*9:00*	*5:15*	*0:30*	*7.75*		
MON ……./……../……	:	:	:	.		
TUE ……./……../……	:	:	:	.		
WED ……./……../……	:	:	:	.		
THU ……./……../……	:	:	:	.		
FRI ……./……../……	:	:	:	.		
SAT ……./……../……	:	:	:	.		
			TOTAL HOURS			

CASUAL/CONTRACTOR:

By signing this Time Sheet, I acknowledge the agreed terms and conditions signed by me apply. I have worked the hours stated above and no injuries were sustained or caused by me during this time.

Do you have any concerns or do you wish to advise of any changes to your current assignment?

☐ **Yes, please contact me** ☐ **No**

Signature: X_____

CLIENT/SUPERVISOR

I have authority to approve the details above and by signing this Time Sheet I verify that the hours on this timesheet are correct and that the work carried out was to our satisfaction. I acknowledge that no injuries were occasioned or sustained by the casual/contractor during this time. I agree to the terms and conditions previously advised.

Do you have any concerns or do you wish to advise of any changes to this current assignment?

☐ **Yes, please contact me** ☐ **No**

Signature of Supervisor: X_____

BLANK TIME SHEETS CAN BE DOWNLOADED FROM OUR WEBSITE www.recruitsolutions.com.au

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