

FAX: (02) 9252 4987

PH: (02) 9252 0345

## WEEKLY TIMESHEET

TEMP'S NAME \_\_\_\_\_

POSITION \_\_\_\_\_

COMPANY \_\_\_\_\_

WEEK ENDING \_\_\_\_\_

DAY	DATE WO RK ED	START TI M E	FINISH TI M E	LUNCH	NORMAL HR S	OVERTIME (if applicable – see below)
FRIDAY						
SATURDAY						
SUNDAY						
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
				TOTAL		

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE

\_\_\_\_\_  
SUPERVISOR'S SIGNATURE

We certify that the above hours are correct. Client Approval includes acceptance of our standard terms and conditions and agreement to pay the account within 7 days upon presentation.

ASSIGNMENT CONTINUING

YES

NO

### Note to Temps

- When noting hours on your timesheet, please round off the minutes to the nearest ¼ hour
- Please fax your timesheet to us by 5.00pm on Thursday on 9252 4987
- Overtime is applicable after an 8 hour day and/or a 38 hour week.