

Timesheet

Employee Name:	Client Name:
Phone Number:	Phone Number:
Address:	Address:
Week Ending Sunday / /	Office Use Only ORD O/T D/T

Day	Start Time	Finish Time	Breaks	Total	Office Use
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Total					

I verify that the above hours are true and correct, and I confirm that I have not sustained a work related, standard hazard/incident/injury or change of job description.	I have read, understand and accept the terms of business and payment terms of Staff it Pty Ltd. I verify that the hours stated on this time sheet are correct and that the assignment was fulfilled to my satisfaction.
Employee's Signature:	Supervisor's Name:
Please fax your timesheet to us on 02 9286 3811 or email it to: info@staffit.com.au	Supervisor's Signature:

Please note: Weekly time sheets are due by 7.00pm every Friday unless work is being carried out over the weekend, and will therefore be due by 10.00am on Monday.

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