

## WEEKLY TIME SHEET Fax to 1300 852 744

Employee   
 Classification

Client   
 Site Worked

On Site Induction Completed?  Yes  No

Client Order No: \_\_\_\_\_

	Date	Time started	Time finished	Meal breaks	Hours worked	Office Use Only		
						NT	T1/2	T2
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
<b>TOTAL HRS</b>								

Employee signature \_\_\_\_\_

Client signature \_\_\_\_\_

Print Name: \_\_\_\_\_

Temporary certification: I have worked the above hours and no injuries were sustained. I have not accepted a position, permanent or temporary. I am aware that my hourly rate includes a casual loading for holiday and sick pay and that I am paid for actual hours worked.

**Expenses/allowances**

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<b>TOTAL:</b>	<input type="text"/>

Office Use Only:	
Order:	<input type="text"/>
ID:	<input type="text"/>

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Remuneration will NOT be paid without a time sheet signed by both you and the client. If you are injured at work or the tasks assigned to you differ from those originally described, please call 1300 138 689 immediately.