

# TIMESHEET



Week Ending: \_\_\_\_\_

Ph: 1300 4 STAFF (1300 478 233)

Fax: 08 9300 1141

Employee Name: \_\_\_\_\_

Client Name: \_\_\_\_\_

( Please print in block letters)

	Date	Start Time	Finish Time	Breaks	Total Hours
<b>MONDAY</b>					
<b>TUESDAY</b>					
<b>WEDNESDAY</b>					
<b>THURSDAY</b>					
<b>FRIDAY</b>					
<b>SATURDAY</b>					
<b>SUNDAY</b>					

Employee Signature: \_\_\_\_\_

**Total Weekly Hours**

Supervisor Name & Signature: \_\_\_\_\_

\*All Timesheets are to be received by the following Monday by 9AM - Fax to 08 9300 1141