



Careerlink
TRAINING & RECRUITMENT SERVICES

Temporary Employee Time Sheet

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PO Box 301
Torrensville Plaza 5031
ABN: 79 064 381 782
Telephone (08) 8234 2144
Facsimile (08) 8234 5789
Email: info@careerlink.com.au

Week ending..... 20.....	Breakdown of hours (Office Use Only)
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Date	Day	Time Commenced	Time Completed	Less Lunch Hour	Total	Ord	O/T 1.5	O/T 2.0	Other
	Wednesday								
	Thursday								
	Friday								
	Saturday								
	Sunday								
	Monday								
	Tuesday								

Total Hours worked for the week						
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Name of Temporary
Miss/Ms/Mr/Mrs
Reports to:
Name / Address of Company
Client Authorisation I certify that the total hours stated are correct and the work was completed satisfactorily. Payment will be made in accordance to our terms of business.
Signature.....
Name.....
Date.....

Employee Certification.

I certify the above hours are correct and that no injuries have been sustained. I am aware that my wages will not be paid if the client has not signed the timesheet.

Signature employee..... Date