



TIMESHEET

Employee Name:	Timesheets must be submitted by 11am MONDAYS Email: payroll@istaffaustralia.com.au Phone: 02 9525 8503
Client Company:	
Client Location:	

	Date	Start Time	Finish Time	Meal Break	Project Number & Location	Allowances	Shift Supervisor name	Shift Supervisor signature
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

<p>Employee:</p> <p>By signing this timesheet you confirm the accuracy of the hours. Timesheets unsigned by YOU and the CLIENT, will NOT be paid. You agree and understand that you must take a meal break of at least half an hour if you are working on a shift, which continues for more than 5 hours.</p> <p>Were there any changes to your current assignment? Yes / No</p> <p>Were you involved in any accidents / injuries during this period? Yes / No</p> <p>Employee Signature:.....</p>	<p>Client Supervisor:</p> <p>By signing this timesheet you agree that you have verified the accuracy of hours. A minimum of four (4) hours (pay and charge) is applicable to any shift. Any overtime / allowances will be paid and charged as per the relative award or agreement. A meal break of at least half an hour must be taken for those who work over 5 hours on any shift.</p> <p>Was our employee involved in any accidents / injuries on site during this period? Yes / No</p> <p>CLIENT Signature:.....</p>
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