



# TIME SHEET

Fax to: 02 9280 3506

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

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

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

Phone Number: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Function Name and date: \_\_\_\_\_

Date	Day	Start Time	Finish Time	Breaks	Total	Level (for Office Use)	Rate
	Saturday						
	Sunday						
	Monday						
	Tuesday						
	Wednesday						
	Thursday						
	Friday						
<b>Other Allowances</b>							
<b>Total Hours (to nearest 15 minutes)</b>							

<p><b>Employee Certification:</b></p> <p>I certify that the above hours are correct, no injuries have been sustained or my job description has not changed. I also understand wages will not be paid unless this timesheet has been authorised by a supervisor.</p> <p><b>Employee Signature</b></p>	<p><b>Employer Certification:</b></p> <p>I verify that the hours on this timesheet are correct and I have read and accept the rates and terms of Trace Personnel Pty Ltd.</p> <p><b>Employer Signature</b></p>
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Please complete **EACH THURSDAY** and fax to 02 9280 3506 by 5.00 pm