

Employee Name _____

Company Name _____

Dept/Location _____

If paying Overtime, please clearly state the rate (e.g.T1.5) clearly in the box provided

Week Ending Sunday			
	Day	Month	Year

Date Worked		Start Time	Finish Time	Less Lunch Break	Round up/down to the nearest 15 mins	Ordinary Hours	Overtime Hours	Total Hours	Allowances				
Day	Month						Rate (e.g. T1.5):		Meal	Shift	Other		
MON	/												
TUE	/												
WED	/												
THU	/												
FRI	/												
SAT	/												
SUN	/												
Weekly Totals													

I hereby certify that this is a correct record of the hours worked by me and that no injuries were sustained while at work.

Please note, wages will not be paid out until a timesheet has been signed by the client.

Employee Signature _____

I certify that the above hours are correct and the work was performed in a satisfactory manner. Payment is hereby authorized.

If necessary, please retain a copy of this sheet for your records.

Client Signature _____

Client Name _____
(Please Print)

PLEASE FAX TIMESHEET BY 9AM MONDAY TO THE FAX NUMBER LISTED ABOVE