



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	Total Worked	Allowances	Shift Supervisor name	Shift Supervisor signature
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

Employee / Casual: In signing this timesheet you agree that you have verified the accuracy of hours, timesheets unverified by the Client will not be paid and that you understand you must take a meal break of at least half an hour if you are working more than 5 hours.	Client Supervisor: In signing this timesheet you agree that you have verified the accuracy of hours, that a minimum of four (4) hours is applicable to any shift. Any overtime / allowances will be paid and charged as per the relative award or agreement and a meal break of at least half an hour must be taken for those who work over 5 hours on any given day.
Have there been any changes to your current assignment? <p style="text-align: center;">Yes / No</p>	Did you have any accidents / injuries on site during this period? Yes / No
Did you have any accidents / injuries during this period? <p style="text-align: center;">Yes / No</p>	Signature:
Signature:	