



1300 655 292

Adelaide Fax: 08 8410 5277
 Brisbane CBD Fax: 07 3229 8822
 Canberra Fax: 02 6295 9733
 Darwin Fax: 08 8941 7999
 Devonport Fax: 03 6423 4939
 Essendon Fax: 03 9337 6302
 Ingleburn Fax: 02 9605 8422

Mascot Fax: 02 9667 2005
 Melbourne CBD Fax: 03 9670 9339
 Parramatta Fax: 02 9633 3653
 Perth Fax: 08 9322 3366
 Spring Hill Fax: 07 3368 2750
 Sydney CBD Fax: 02 9290 1088
 Toowoomba Fax: 07 4659 5911

Time Sheet 44001

WEEK ENDING: ___ / ___ / ___

Sunday's Date

Employee Details

Surname:	
First Name:	
Position:	
Signature	

EMPLOYEE **NOTE** Please ensure your time sheet is signed by you and your Manager. All time sheets must reach our payroll office no later than Monday 10.00am.

Client Details

Name:	
Address:	
Supervisor's Name:	
Manager's Signature:	

Day	Date	Time Started	Time Finished	Meal Break	Normal Hours	Time & 1/2	Double Time	Allowances
Mon								
Tue								
Wed								
Thu								
Fri								
Sat								
Sun								

Employee Assessment	Excellent	Good	Below Average
Punctuality			
Attendance			
Work Quality			
Presentation			
Overall Assessment			
Would you accept this employee on future assignments:			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

Total Hours Paid:						COMMENTS:
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Booking
 Finished
 Continuing