

# TIMESHEET

It is your responsibility to ensure that your timesheets are filled out correctly and signed by your supervisor.

ON-HIRE EMPLOYEE'S NAME \_\_\_\_\_ EMPLOYEE NUMBER \_\_\_\_\_

POSITION \_\_\_\_\_ PAY CLASS CODE \_\_\_\_\_

COMPANY WORKING \_\_\_\_\_ CLIENT CODE \_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_ WEEK COMMENCING DATE \_\_\_\_\_

REPORT TO \_\_\_\_\_ MONDAY / /



PLEASE FAX WHITE COPY TO:  
**Head Office ADELAIDE (08) 8221 5111**  
 OR E-MAIL TO: [timesheets@extrastaff.com.au](mailto:timesheets@extrastaff.com.au)

**PINK COPY RETAINED BY CLIENT  
 BLUE COPY RETAINED BY ON-HIRE EMPLOYEE  
[www.extrastaff.com.au](http://www.extrastaff.com.au)**

DAY	DATE WORKED	TIME START	TIME END	LESS LUNCH PERIOD	TOTAL HOURS	ORD	X	X	X	ASHT %	NISHT %	OTHER
MON							X					
TUES								X				
WED									X			
THU												
FRI												
SAT												
SUN												
<b>TOTAL HOURS</b>												

**ALLOWANCES (IF ANY)**

**CLIENT AUTHORISATION:** I certify that the details shown above are correct and that the work was performed in a satisfactory manner. I confirm that I have received and agree to abide by Extrastaff Recruitment's Terms and Conditions of Business and additionally that I have provided a safe and healthy work environment and not varied the assignment duties for the temporary employee from the original assignment description.

Client Representative: \_\_\_\_\_

Client Signature: \_\_\_\_\_

**EMPLOYEES CONFIRMATION:** I certify that the details shown above on this timesheet are true and accurate and additionally that I have not sustained any injuries during the assignment and my assignment duties have not varied from the original assignment description

Employee's Signature: \_\_\_\_\_