



ABN: 36 082 395 195

# TIMESHEET

T: 02 9521 3900

F: 02 9545 3651

E: [info@labouroptions.com.au](mailto:info@labouroptions.com.au)W: [www.labouroptions.com.au](http://www.labouroptions.com.au)

## Employees

The timesheet must be signed by the supervisor after each daily shift

A new timesheet for each week or site is required

By submitting this timesheet, you are declaring that you have worked the hours you have stated, no injuries were sustained and there have been no changes to the job description.

## Clients

The timesheet must be signed by the supervisor after each daily shift.

By signing this timesheet, you are declaring that the hours stated on this timesheet are correct, the assignment was completed to your satisfaction and there have been no changes to the job description.

Employee Name:	Client/Company Name:
Employee Phone:	Site Address
	Week Ending Sunday:

Day	Date	Start Time	Finish Time	(minus) Break	Total	Office Use Only			Supervisor Print and Sign
						Ord Time	1.5 Time	2.0 Time	
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									
									<b>Weekly Total</b>

Please email or fax time sheet through by 3.00pm each Monday

**Email: [info@labouroptions.com.au](mailto:info@labouroptions.com.au) FAX: 9545 3651**

Office Use Only

**Our Labour - Your Option**