

Phone 08 8338 4888 Fax 08 8338 4999
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QUALITY STAFF

Quality - Without Compromise
 PTY LTD
 ABN 13 008 172 281



Employee Full Name _____

Host Employer/Company _____

Employed As _____

Site Location _____

This timesheet must be completed, signed **DAILY** and returned to Quality Staff by **10.00AM MONDAY** each week for payment.

DAY	DATE	START TIME	HOURS WORKED						FINISH TIME	LUNCH (circle)	TRUCK No.	SUPERVISOR	DAILY HOURS APPROVED	TOTAL HOURS	OFFICE USE ONLY	NORMAL TIME	OVERTIME BREAKDOWN		
			BREAK Start/Finish	BREAK Start/Finish	BREAK Start/Finish	BREAK Start/Finish	BREAK Start/Finish	BREAK Start/Finish									1 1/2	DOUBLE	T on T
Monday																			
Tuesday																			
Wednesday																			
Thursday																			
Friday																			
Saturday																			
Sunday																			

HOST EMPLOYER - SIGNATURE INITIALS

EMPLOYEES CERTIFICATION/SIGNATURE
 I have worked all of the above hours and no injuries were sustained.

SIGNATURE OF HOST EMPLOYER REPRESENTATIVE
 Signature confirms agreed work standards were met and hours are correct.