

TIMESHEET



WEEK ENDING / /

Employee			
Job ID			
Job Title			
Hours	From	to	Lunch
Assignment Continuing	YES	NO	
Notes			

Client/Company	
Department	
Address	
P/Code	
Supervisor/Manager Name	

Have you changed any personal details since the last timesheet submitted?
If yes, please provide changes.

FAX TO (08) 8221 5700

						OFFICE USE ONLY				
DATE	DAY	START TIME HRS : MINS	FINISH TIME HRS : MINS	LUNCH HRS : MINS	TOTAL WORKED HRS : MINS	ORD	1 ½	2	2 ½	Allowances
/	MONDAY	:	:	:	:					
/	TUESDAY	:	:	:	:					
/	WEDNESDAY	:	:	:	:					
/	THURSDAY	:	:	:	:					
/	FRIDAY	:	:	:	:					
/	SATURDAY	:	:	:	:					
/	SUNDAY	:	:	:	:					
TOTAL HOURS & MINUTES WORKED										

CASUAL/CONTRACTOR

I have worked the hours stated above and no injuries were sustained or caused by me during that time. In addition, I acknowledge the agreed terms I verified that the hours on this timesheet are correct and that the work performed was to and conditions signed by me apply.

Do you have any concerns with your current assignment/conditions? If so, please state. YES NO

Have there been any changes to your current assignment? If so please state. YES NO

SIGNATURE

CLIENT/SUPERVISOR

I verify that the hours stated on this timesheet are true and correct and that the work produced was to our satisfaction. In addition, I acknowledge that no injuries were sustained or caused by the contractor/casual during that time. I agree to the terms and conditions as specified and signed in the Corus People Solutions Terms of Business Agreement.

Do you have any issues relating to this assignment? If so please state. YES NO

**CLIENT AUTHORISED
SIGNATURE**

(Please print name)

PLEASE SUBMIT TIMESHEET BY COB FRIDAY (1000 AM MONDAY)

Level 1/219 Gouger Street ADELAIDE 5000
Ph 08 8221 7111 Fax 8221 5700
email payroll@corus-sa.com.au