



TEMPORARY EMPLOYEE TIMESHEET

TEMPORARY EMPLOYEE NAME: _____
 CLIENT NAME: _____
 WORK SITE LOCATION: _____
 DIRECT CONTACT NUMBER: _____
 WEEK ENDING: (Sunday) _____

Please fax timesheets to **07 4152 2605** by 10.00am Monday morning and ensure that the Manager / Supervisor who signs below keeps the original copy

	Date	Start Time	Finish Time	Lunch (Hr)	Sick	Total Hours	Candidate Initials	Office Use Only		
								Ord	x 1.5	x 2.0
MON										
TUE										
WED										
THUR										
FRI										
SAT										
SUN										
						Total Weekly Hours				

TEMPORARY EMPLOYEE AGREEMENT: I certify that the hours shown above were completed by me during the period indicated. I agree to abide by the Temporary Employee Agreement as previously signed with International Workforce.

TEMPORARY EMPLOYEE SIGNATURE: _____

REQUIRED BACK TO ASSIGNMENT NEXT WEEK: Yes / No
HAVE YOUR DUTIES CHANGED SINCE ASSIGNMENT COMMENCEMENT: Yes / No
WOULD YOU LIKE TO BE CONTACTED BY A CONSULTANT: Yes / No:

CLIENT AGREEMENT: I certify that the hours indicated above were completed by the Temporary Employee and performed to my satisfaction. Client signature indicates compliance with International Workforce Terms & Conditions of Business. Please refer to these terms in relation to temporary to permanent placement fees.

CLIENT SIGNATURE: _____

PRINT NAME: _____

Office Use Only		
Reports	Completed by: _____	Date : _____
Invoiced	Completed by: _____ Emailed: _____	Date: _____
Payroll	Completed by: _____	Date: _____