



## TEMPORARY EMPLOYEE TIMESHEET

TEMPORARY EMPLOYEE NAME: \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_ WORK SITE LOCATION: \_\_\_\_\_

WEEK ENDING: (Sunday) \_\_\_\_/\_\_\_\_/\_\_\_\_ DIRECT CONTACT NUMBER: \_\_\_\_\_

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. Late timesheets will be processed in the next week pay run. No pays will be processed in advance. Only timesheets for the pay week which has been ended will be processed.

Days	Date	Start Time	Finish Time	Lunch (Time Taken)	Sick	Total Hours	Candidate Initials	Office Use Only		
								Ord	x 1.5	x 2.0
MON										
TUE										
WED										
THUR										
FRI										
SAT										
SUN										
<b>Total Weekly Hours</b>										

**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 at International Workforce.

TEMPORARY EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**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: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

PRINT NAME: \_\_\_\_\_ PURCHASE ORDER #: \_\_\_\_\_

Office Use Only					
Reports	Completed by:	Date:	Payroll	Completed by:	Date:
Invoice	Completed by:	Date:	Accounts	Email / Fax by:	Date: