



TIME SHEET

Email: accounts@staff-net.com.au

Fax: (08) 9335 5899

Ph: (08) 9335 5799

Host Company Name		Phone	
Worker's Full Name			
Workers Position			
Week Ending (Sundays Date)			

Date	Start Time	AM PM	Finish Time	AM PM	Breaks	Total Hours
Monday	:		:			:
Tuesday	:		:			:
Wednesday	:		:			:
Thursday	:		:			:
Friday	:		:			:
Saturday	:		:			:
Sunday	:		:			:
	:		:			:

Temporary Declaration
 I have worked the above hours and no injuries were sustained. I am aware that I am paid on a casual basis and my rate of pay includes a loading for holiday and sick pay. I declare that I did not sustain any work related injury over the past working week.

Temporary Workers Signature

.....

Note: You will not be paid without a time sheet signed by both you and the client.

Client Authorisation
 By signing this form, I verify that the hours stated are correct and the worker performed in a satisfactory manner. I also agree that I re-affirm the conditions stated in the Staff-Net terms of business.

Clients Signature:

Name:

Position:

PLEASE EMAIL OR FAX ALL TIMESHEETS TO STAFF-NET, PRIOR TO 10:00 AM MONDAY, THANK YOU.

Email: accounts@staff-net.com.au

Fax: (08) 9335 5899

Submit Form

Submit form by clicking "Submit" which will direct you to your email account to send the form from.

Print Form

Click on "Print" to print form. Either fax or scan & email to the following.
 Fax: (08) 9335 5799
 Email: accounts@staff-net.com.au

Save Form & Email

Save the form on your device or computer by clicking "Save". Attach completed form to an email and send to accounts@staff-net.com.au