



TEMP FILL-INS

PO Box 6355, Halifax Street SA 5000
0412 333 243
pays@tempfillins.com.au
ABN 98 109 154 925

ASSIGNMENT DETAILS

XXXXX

(BUSINESS NAME)

TIME SHEET	U	JOB ROLE	DATE	START TIME	FINISH TIME	BREAK START TIME	BREAK FINISH TIME	HOURS WORKED	VERIFICATION OF HOURS HOST CLIENT INITIALS
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									

EMPLOYEE NAME:

TOTAL HOURS WORKED

Please note: IT IS THE EMPLOYEES RESPONSIBILITY TO ENSURE THAT ALL INFORMATION IS FILLED OUT AND CORRECT. TIMES TO BE RECORDED IN 15 MINUTES INCREMENT. THE HOST EMPLOYER IS GIVEN THE ORIGINAL TIMESHEET. PLEASE RETAIN THE GREEN COPY OF THIS TIMESHEET AS PROOF OF HOURS WORKED. Please forward an electronic copy to pays@tempfillins.com.au the day of completion of the timesheet.

EMPLOYEE SIGN.

I agree that the above hours are a correct record of the hours I have worked under the terms of my assignment with TEMP FILL-INS.