

# PEOPLE PRIORITY ONE

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## TIMESHEET

TIMESHEET TO BE FAXED NO LATER THAN FRIDAY  
 10.00AM FAX NUMBER: 1300 85 1930

For your convenience, this timesheet can be completed online then printed & faxed.

<b>Client</b>		<b>Employee Name</b>	
<b>Address</b>		<b>Week Ending Date</b>	

SUMMARY OF HOURS WORKED						OFFICE USE ONLY		
	Date	Time Started	Time Finished	Time for Meals	Hours Worked	NT	OT1/2	DT
Fri								
Sat								
Sun								
Mon								
Tue								
Wed								
Thu								
<b>TOTAL HOURS WORKED</b>								

**Client Signature :** \_\_\_\_\_ **Position:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- (1) Please fill in the client's name
- (2) Please fill in your full name including given and surname
- (3) Please fill in the week ending date relating to the timesheet hours worked
- (4) Please fill in the date worked for example 10/10/2006
- (5) Please fill in the time you started working on that day. Please fill in to the NEAREST QUARTER OF AN HOUR eg 8:00am, 8:15am
- (6) Please fill in the time you finished working on that day. Please fill in to the NEAREST QUARTER OF AN HOUR eg 5:15pm, 5:30pm
- (7) Please fill in the total amount of time taken for your meal break to the NEAREST QUARTER OF AN HOUR eg 45 minutes, 1 hour
- (8) Please fill in the total hours worked for that day excluding time taken for meals
- (9) Please calculate the total number of hours worked for the week
- (10) Please ensure that the client signs here. If the timesheet is not signed it CANNOT be processed
- (11) The client also needs to fill in the date that they have approved and signed your timesheet.

Please do not fill in the office use only columns, these are for the use of payroll only.

IF THE ABOVE FIELDS ARE NOT FILLED IN CORRECTLY AS REQUESTED WE MAY NOT BE ABLE TO PROCESS YOUR TIMESHEET.