



ABN 28 112 868 158
ACN 112 868 156

TIMESHEET TO BE RECEIVED BEFORE 10 AM MONDAY

Late timesheets will not be paid until following week

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EMPLOYEE NAME _____

WEEK BEGINNING ____ / ____ / ____

	DATE	CLIENT CODE	ACTIVITY	SITE ADDRESS	START TIME	FINISH TIME	LUNCH	TOTAL HOURS WORKED	SUPERVISORS NAME	SUPERVISORS SIGNATURE
MON										
TUES										
WED										
THUR										
FRI										
SAT										
SUN										

TIMESHEET WILL NOT BE PROCESSED WITHOUT CLIENT SIGNATURES

Client Authorisation

By signing above, I certify that the details shown above are correct and that the work performed in a satisfactory manner. I confirm that I have received and agree to abide by Keys Human Resources Pty Ltd Terms and Conditions and additionally that I have provided a safe and healthy work environment and carried the assignment duties for the temporary employee from the original assignment description. By signing this I, on behalf of the company agree to Keys Human Resources Terms and Conditions of business.

Employee Authorisation

I certify that the details shown above on this timesheet are true and accurate and additionally that I have not sustained any injuries what so ever during the assignment and my assignment duties have not varied from the original assignment description.

Signature: _____ Print Name: _____

Activity	Normal Time	Time and Half	Double Time	Night Shift	Week End	Allowances
Carpentry						
Labourer						
Asbestos Labourer						
Machine Operator						
Administration						