

Fax Time Sheet to : (08) 9321 8038

Date	Day	Shift	Start Time	Meal Break	Finish Time	Total Hours	Normal Hours	Time ½ Hours	Double Hours
	Monday								
	Tuesday								
	Wednesday								
	Thursday								
	Friday								
	Saturday								
	Sunday								
Meal Allowance		Travel Allowance			Total				



Specialist Recruitment

Bayside Western Australia Pty Ltd T/A Baytech Industrial (W.A.) ABN 85 009 129 257

PO Box 1195 West Perth WA 6872

Unit 8 18 Harvest Terrace West Perth WA 6005

Tel: (08) 9321 9983 Fax: (08) 9321 8038

Email: bpwa@baysidegrp.com.au www.baysidegrp.com.au

Part of the Bayside Group of Companies Established 1976

I hereby certify that I worked the hours shown, that the client certified these hours and I sustained no injuries during this time.

Worker's Name _____
 (Please print name) (Signature) (Date)

Company Name _____

Client Approval _____
 (Please print name) (Signature) (Date)

Authorisation is deemed approval of the hours worked for invoicing purposes, and of the client's continued acceptance of our Terms and Conditions issued with the placement advice and subsequent invoice(s).

Payment will not be made unless a time sheet has been signed by the client and received by our office on time.



Fax Time Sheet to : (08) 9321 8038

Date	Day	Shift	Start Time	Meal Break	Finish Time	Total Hours	Normal Hours	Time ½ Hours	Double Hours
	Monday								
	Tuesday								
	Wednesday								
	Thursday								
	Friday								
	Saturday								
	Sunday								
Meal Allowance		Travel Allowance			Total				



Specialist Recruitment

Bayside Western Australia Pty Ltd T/A Baytech Industrial (W.A.) ABN 85 009 129 257

PO Box 1195 West Perth WA 6872

Unit 8 18 Harvest Terrace West Perth WA 6005

Tel: (08) 9321 9983 Fax: (08) 9321 8038

Email: bpwa@baysidegrp.com.au www.baysidegrp.com.au

Part of the Bayside Group of Companies Established 1976

I hereby certify that I worked the hours shown, that the client certified these hours and I sustained no injuries during this time.

Worker's Name _____
 (Please print name) (Signature) (Date)

Company Name _____

Client Approval _____
 (Please print name) (Signature) (Date)

Authorisation is deemed approval of the hours worked for invoicing purposes, and of the client's continued acceptance of our Terms and Conditions issued with the placement advice and subsequent invoice(s).

Payment will not be made unless a time sheet has been signed by the client and received by our office on time.

