

TO: TECHSTAFF

FAX: (03) 9866 4992 by 10am Monday



TECHSTAFF

Week Ending (Sunday) _____

(Insert Sunday's Date)

TIME SHEET

DAY	DATE	START TIME	FINISH TIME	LESS BREAKS	TOTAL HOURS	Decimal Format			COMMENTS
						NORMAL HOURS	TIME 1/2 HOURS	DOUBLE HOURS	
MON									
TUE									
WED									
THU									
FRI									
SAT									
SUN									
				TOTAL					

Specialist Recruitment

Techstaff Pty Ltd

ABN 63 109 478 471

PO Box 7280
St Kilda Road VIC 8004

Telephone
VIC (03) 9864 6060
NSW (02) 9432 3333
QLD (07) 3347 7600

www.techstaff.com.au

Part of the Bayside Group

Payment will be delayed unless a time sheet has been signed by the client and received by our office by the designated time.

I hereby certify that I have worked the hours shown.

NAME: _____
(Please print your name) *(Signature & Date)*

(Should you require more time sheets, they can be downloaded from our website from the *At Work* menu)

Approval of this time sheet is deemed authorisation 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).

CLIENT NAME: _____

APPROVED BY: _____
(Supervisor / Direct Report) *(Please print name)* *(Signature & Date)*