



TIME SHEET

WEEK ENDING _____

Table with columns: PROJECT, HOURS PER PROJECT (FRI, SAT, SUN, MON, TUE, WED, THU), TOTAL

Specialist Recruitment

Bayside Personnel Pty Ltd
ACN 003 158 816
ABN 65 402 285 164

PO Box 1798
North Sydney NSW 2059

Level 1
103 Miller Street
North Sydney NSW 2060

Tel: (02) 9919 6900

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Approval of this time sheet is deemed acknowledgment that the tasks have been performed to the satisfaction of the Principal, and of the Principal's continued acceptance of our Terms & Conditions issued with the Contract letter and subsequent invoice(s).

BAYSIDE REPRESENTATIVE _____
(Subcontractor or Fixed Term Employee, please print your name)

Time Sheets
Email to:
timesheet@baysidegrp.com.au
with the following subject line:
Timesheet / "Your Bayside
Consultant's Name" / "Your Name"

Or Fax to: (03) 9866 4992

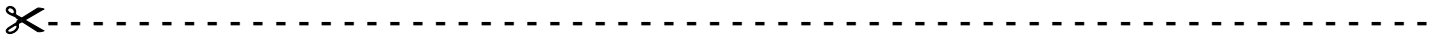
PRINCIPAL _____
(Please print company name)

APPROVED BY _____
(Supervisor) (Please print name) (Signature)

www.baysidepersonnel.com.au

Should you require more time sheets, they can be downloaded from our website from the At Work menu Controlled Document - Jun 09

Part of The Bayside Group



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