



ABN 85 009 129 257

Fax Time Sheet to First Choice by 12.00 noon on Monday

Fax to: (08) 9359 3337



Please use BLACK or BLUE pen only. Please print all details clearly using 24 hour time (ie 0800 – 1630)

ABN 78 301 138 918

45 Berkshire Road
Forrestfield WA 6058

Tel: (08) 9359 3777

CLIENT NAME: _____ WEEK ENDING: _____

ON-HIRED WORKER DETAILS

Work Area															
Shift (D/S, A/S, N/S)															
Day and Date	MON	DATE	TUE	DATE	WED	DATE	THU	DATE	FRI	DATE	SAT	DATE	SUN	DATE	Weekly Total
Start Time															
Finish Time															
Break															
Total Hours Worked															
Allowances															

I hereby certify that I have worked the hours shown, that the client certified these hours and I sustained no injuries during this time.
Payment will not be made unless a time sheet has been signed by the client. Payment will be delayed if a time sheet is not received by our office on time.

SURNAME: _____ **FIRST NAME:** _____ **SIGNATURE:** _____

CLIENT APPROVAL

Client 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).

NAME: _____ **SIGNATURE:** _____ **DATE:** _____

COMMENTS: _____

Baytech Office Use Only

Day								
Afternoon								
Night								
1.5								
2.0								
Public Holiday								