

TIME SHEET

Assignment Details			
Consultant:		Week Ending:	Fri
Reporting to:		Company:	
Line Manager:			
Address:			
Phone No:			

Date	Day	Start Time	Finish Time	Less lunch	Total Hours (to nearest .25)
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	<i>Saturday</i>				
	<i>Sunday</i>				
T	O	T	A	L	
TOTAL HOURS (to nearest .25): (eg. 15 mins = .25, 30 mins = .50, 45 mins = .75)					

Employee Certification

I have worked the above hours and confirm that no injuries have been sustained.

Employee's Signature: _____

Note: Wages will not be paid without a Time Sheet signed by both the employee and the Client. Please leave a copy of your time sheet with your Supervisor. Time sheets **MUST** be received by the close of business on Friday in order to have your pay credited directly into your nominated account.

Client Authorisation

Please sign this form to verify that the hours stated are correct and that the Work has been performed to your satisfaction.

Client Signature: _____

A permanent placement fee is payable should an employee transfer to the client company payroll, as a permanent or temporary, within 180 days of an assignment being completed.

Please fax to CRC TRAVEL JOBS by close of business Friday – FAX (03) 9417 1168