



TEMPORARY INDIVIDUAL TIMESHEET

PLEASE ENSURE YOU HAVE YOUR TIMESHEET FAXED/EMAILED TO OUR OFFICE BY 6PM FRIDAY

Candidate Name:	
Position:	
Company:	
Address:	
Department:	
Week Ending:	

DATE	DAY	START TIME HRS:MINS	END TIME HRS:MINS	LUNCH BREAK HRS:MINS	TOTAL HOURS WORKED	OFFICE USE ONLY		
						ORDINARY	1.5x	2x
/ /	SUN	:	:	:				
/ /	MON	:	:	:				
/ /	TUES	:	:	:				
/ /	WED	:	:	:				
/ /	THUR	:	:	:				
/ /	FRI	:	:	:				
/ /	SAT	:	:	:				
IS ASSIGNMENT TO CONTINUE NEXT WEEK? YES <input type="checkbox"/> NO <input type="checkbox"/>				TOTAL HOURS:				

CASUAL/CONTRACTOR

Have there been any changes to your current assignment?

Yes No

Do you have any concerns with your current assignment & safety of the work environment?

Yes No

SIGNATURE _____

I verify that I have worked the above hours

CLIENT/SUPERVISOR

Name: _____

Title: _____

Do you have any concerns relating to this current temporary assignment?

Yes No

SIGNATURE _____

I verify that the hours on this timesheet are correct

OFFICE USE ONLY	ORD	1.50	2.00	2.50
DAYS:				