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PLEASE FAX YOUR TIME SHEET BY FRIDAY 6:00PM TO FAX: 9987 0166
FAILURE TO DO SO MAY RESULT IN YOUR PAY BEING DELAYED DUE TO PROCESSING DEADLINES.

Employee Name: _____

Client Name: _____

Client Supervisor _____

Assignment Ongoing? Yes: No: (Please Tick)

Day	Date	Start Time	End Time	Less Breaks	Daily Hours	Daily Overtime Authorisation
Mon						
Tues						
Wed						
Thu						
Fri						
Sat						
Sun						
Total Hours						

Employee's Signature: _____

Authorised Company Representative Signature _____

Authorisation by signature on this timesheet will be taken as verification that the work was completed satisfactorily, hours are correct and acceptance to pay for the hours recorded, and hereby agreeing to The Personnel Connection Terms Of Business, including all fees, terms and conditions.

Before any wages can be processed, both temporary employee and an authorized company representative must sign this timesheet and initial any overtime.

OVERTIME: Where a Temporary has been directed to work in excess of 7.6 hours in any one day and/or 38 hours in any one week, overtime rates and allowances will be charged in accordance with Award conditions. Please initial, in the column provided, authorizing payments of overtime to the temporary employee.