

timesheet

fax: (08) 9325 7009
 eml: payroll@lefroy.com.au

week ending (sunday)

/ / 2 0

Temp Name :	Temp Position :
Company Name :	Supervisor Name :

Will your assignment continue next week? Yes No
 Any days absent due to illness? Yes No

hours worked (please use 15 minute units)

Day	Start eg: 0800	Finish eg: 1700	Break (in minutes)	Total Hours Less Breaks	Office Use Only				
					N	T 1/2	D/T	P/R	C/R
MON									
TUE									
WED									
THU									
FRI									
SAT									
SUN									
TOTAL									

payroll deadline 9.00am monday

TEMP ENDORSMENT

To avoid delays in payment, please check your timesheet has been completed correctly, hours have been verified and any overtime has been pre-approved by your supervisor.

I certify that the details shown on this form are true and accurate and that no injuries were sustained during the assignment.

temp signature

date

CLIENT ENDORSMENT

Please advise Lefroy:

- In the event that an accident, incident or injury occurs during the assignment.
- If there are changes to the role which will affect our temporary staff member.
- Should an offer of permanency be made to our temporary staff member.

Your signature below indicates approval of the work standard and the hours logged by our staff member.

supervisor signature

date