

WEEKLY TIMESHEET



IN FRONT STAFFING

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Name:

Position:

Client:

Supervisor:

Location:

**** PLEASE NOTE THAT THERE IS A MINIMUM 4 HOUR CALL FOR ALL STAFF ****

<u>DAY</u>	<u>DATE</u>	<u>START TIME</u>	<u>END TIME</u>	<u>LESS BREAK TIME</u>	<u>TOTAL HRS</u>	<u>ORDINARY HRS</u>	<u>O/T X 1.5</u>	<u>O/T X 2</u>	<u>ALLOWANCE PUBLIC HOL</u>	<u>SUPERVISOR SIGNATURE:</u>
MON										<u>PRINT NAME:</u>
TUE										
WED										I confirm that the details listed on this timesheet are correct and that the staff member has successfully completed the work requested. I have also viewed and agree to Infront Staffing's Terms of Business.
THU										
FRI										<u>STAFF MEMBER SIGNATURE:</u>
SAT										I certify that the details listed on this timesheet are correct and that no injury has been incurred in carrying out duties during the times included.
<u>TOTAL HOURS</u>										

NOTE: To ensure prompt payment of wages please assist us by ensuring completed timesheets are faxed to 02 8252 7566 or emailed to timesheets@infrontstaffing.com by **10am Monday**.

Timesheets should be signed by both staff members and their respective shift supervisor.

By submitting a timesheet employers accept the Terms of Business of Infront Staffing which can be viewed at www.infrontstaffing.com and which will also be provided upon request.