

Employee Name: _____

Week Ending: _____

Host Employer (Company) Name: _____

Position: _____

Timesheets **MUST** be submitted by 9am each Monday by:

Email: admin@stafflinkwm.com.au | MMS: 0401 170 882

TIMESHEETS CAN NOT BE PROCESSED UNLESS SIGNED BY YOUR SUPERVISOR AT THE END OF EACH DAY.

PLEASE NOTE: By signing this timesheet, you agree that the hours shown are true & accurate.

| FOR PAYROLL USE ONLY | | | | | | | | | | | | | | | |
|----------------------|----------|-------------|------------|--------|------|--|--|--|--|----------------------------|--|--|--|--|--|
| Hours Worked | | | | | | | | | | Allowances (if applicable) | | | | | |
| Ordinary | Time & ½ | Double Time | Shift Work | Travel | Tool | | | | | | | | | | |
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| TOTAL: | | | | | | | | | | | | | | | |

| Day | Date | Site Address / Project Code | Start Time | Finish Time | ½ hr Lunch Break taken | | Total (Less Lunch Break) | HOST EMPLOYER TO COMPLETE | | Ordinary | Time & ½ | Double Time | Shift Work | Travel | Tool | |
|---------------|------|-----------------------------|------------|-------------|------------------------|---|--------------------------|---------------------------|----------------------|----------|----------|-------------|------------|--------|------|--|
| | | | | | Y | N | | Supervisor Full Name | Supervisor Signature | | | | | | | |
| Mon | | | | | Y | N | | | | | | | | | | |
| Tue | | | | | Y | N | | | | | | | | | | |
| Wed | | | | | Y | N | | | | | | | | | | |
| Thu | | | | | Y | N | | | | | | | | | | |
| Fri | | | | | Y | N | | | | | | | | | | |
| Sat | | | | | Y | N | | | | | | | | | | |
| Sun | | | | | Y | N | | | | | | | | | | |
| TOTAL: | | | | | | | | | | | | | | | | |

All entries on this timesheet are regarded as documentary evidence and by signing the timesheet as a client, you agree to the Terms & Conditions of Business; and as an employee to the Terms & Conditions of Employment, as issued by JVJSM Pty Ltd trading as Stafflink Workforce Management.

IT IS THE EMPLOYEE'S RESPONSIBILITY TO ENSURE TIMESHEETS ARE SIGNED OFF DAILY BY THE HOST EMPLOYER AND TIMESHEETS WILL NOT BE PAID WITHOUT ALL AUTHORISED SIGNATURES.

I certify the details shown above on this timesheet are true & accurate and that I have not sustained any injuries whatsoever during the assignment.

All accidents, incidents, near misses or visits to first aid or site clinics, must be reported to JVJSM Pty Ltd trading as Stafflink Workforce Management immediately after initial treatment and after reporting the incident to your site supervisor.

Employee to Sign: _____ Date: _____

WORKPLACE / JOB SITE INDUCTION

Please complete first time at each new workplace or job site

Workplace/Site Induction Provided: Yes No

Task Specific Training Provided: Yes No

Initial Tasks Supervised: Yes No

Work Method/JSA Provided: Yes No

Employee Signature: _____

Host Employer Signature: _____