

## TIMESHEET

**TEMPORARY EMPLOYEE NAME**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ P/Code: \_\_\_\_\_

**CLIENT NAME**

Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ P/Code: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

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DAY	DATE	START TIME	FINISH TIME	BREAK	TOTAL HOURS	MILEAGE	AUTH. INITIAL
Mon							
Tues							
Wed							
Thurs							
Fri							
Sat							
Sun							

  

DAY	DATE	START TIME	FINISH TIME	BREAK	TOTAL HOURS	MILEAGE	AUTH. INITIAL
Mon							
Tues							
Wed							
Thurs							
Fri							
Sat							
Sun							

**TEMPORARY ASSIGNMENT**

I have worked the above hours and no injuries were sustained. I am aware that my hourly rate includes a loading for holiday and sick pay, and that I am only paid for actual hours worked. I also adhere to the policies and procedures as directed by CareChoice (Aust) Pty Ltd.

CareChoice employee Signature: \_\_\_\_\_

**NOTE: The timesheet must be signed by the client and yourself before payment may be made.**

**CLIENT AUTHORISATION**

Please sign this form to confirm that the hours listed are correct and the work has been performed in a satisfactory manner. We / I have read and agree to the terms and conditions herein.

I acknowledge that the Temporary staff member on this timesheet is a valued employee of CareChoice (Aust) Pty Ltd and that in an event of the employee being offered a temporary, permanent, part time or casual position in this company / department, within a 12 month period of the last day of the temporary assignment with us, we are liable to pay a negotiated placement fee.

Client name: \_\_\_\_\_ Client signature: \_\_\_\_\_

Position: \_\_\_\_\_

**Please fax your signed timesheet to CareChoice (Aust) Pty Ltd by 11:00am Monday.**

**Fax: 1300 737 943**

**Phone: 1300 737 942**