

TIMESHEET

Fax to MAC resource group payroll – Gold Coast 07 5578 9644 by 3pm Monday

Temporary Name: _____

Trading as (if applicable): _____

Client Name: _____

Client Address: _____

Week ending Friday: _____ / _____ / _____

	Time Commenced	Time Finished	Lunch Break	Hours – Daily Total (including lunch breaks)
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Weekly Total				

Client Use

I hereby certify that the time commenced, time finished, lunch breaks and overtime indicated are true and correct.
(Please refer to Terms of Business for the introduction of Temporary Staff for full terms and conditions)

Overtime Authorised?

Yes

No

Please state appropriate hours

Overtime Rate

Authorised supervisor's signature: _____

Print Name: _____

Position Held: _____

Contact Phone Number: _____ **Date** / / _____

Office Use

Ordinary	Time & ½	Double time	Meal allow

Employee Code: _____ Job Number: _____