



Suite 1, 9 Church Street  
 HAWTHORN VIC 3122  
 Ph: 9276 5800  
 Fax: 9276 5811

ABN: 39 624 103 283      ACN: 111 524 184

Week Ending:	Host Employer:
On Hire Employee Name:	Host Address:
Position:	Reporting to:

Day	Date	Time Started	Time Finished	Less Meal Break	Total Ordinary Hours	Overtime Approved	Office Use Only					Meal Allowance	
							Ordinary Hours	OT 1.5	OT 2	OT 2.5	PM Shift		15% or 30% loading
MON													
TUES													
WED													
THU													
FRI													
SAT													
SUN													
I certify that no injuries were sustained and the above information is true and correct.						Office Use Only		TOTALS					

**On-hired Employee Signature:**

**On Hire Employees please note:** If you have changed your Name, Address, contact details, banking details or any OH&S issues **please fill in the reverse side of this timesheet and fax or send along with your timesheet.** For prompt payment of wages, please ensure that you have signed your timesheet and it has been authorised by your supervisor (Host employer). Your timesheet needs to reach our office by no later than Noon Monday for payroll processing. Late arrivals cannot be processed until the following pay cycle.

**Host (Supervisor) Employer please note:**

I have read and agree to the Terms and Conditions set out in the reverse side of this timesheet and verify that the above On-hire Employee has worked the hours stated and has successfully completed the work satisfactorily.

**Host (Supervisor) Signature:**

**Print Name:**

**Phone No:**

