

TIME RECORD SHEET

Week ending Friday.....20.....					
Date	Day	Time Started	Time Finished	Lunch Period	Total Hours
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
	Sunday				
Adjust all Hours to nearest 30 minutes				TOTAL	
Employee Certification I have worked the above hours and no injuries were sustained. Employee Signature..... ASSIGNMENT: Continuing <input type="checkbox"/> Finishing <input type="checkbox"/> Note: Wages will not be paid until timesheet has been signed by you and the client.					

Miss, Mrs Mr, Ms (Employee: Print your name)
Reporting to: Miss, Mrs Mr, Ms Client Company Address
Client Authorisation I verify that the hours stated are correct and the work has been performed in a satisfactory manner. I understand that temporary staff are supplied in accordance with Law Staff's Terms of Business. Should we employ one of your temporaries, assigned currently or in the previous 12 months, a full permanent placement fee is payable. Direct re-employment as a temporary attracts a temporary fee. Overtime is applicable after 10 hours in any one day and over 38 hours in any one week. Client's Signature: Please Print Name:

PROCEDURE

- Sign the form and have your employer authorise it.
- Give the signed original to your employer, and
- Fax a copy to us by no later than 10:00am each Friday.

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