



**TIME SHEET**

WEEK ENDING: \_\_\_ / \_\_\_ / \_\_\_

TEMP'S NAME: \_\_\_\_\_

CLIENT: \_\_\_\_\_

ASSIGNMENT LOCATION: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

**Please fax timesheets to (03) 9600 0414  
by 11.00am Friday morning**

	DATE	START TIME	FINISH TIME	MEAL TIME	NORMAL HOURS WORKED	OVERTIME HOURS WORKED	*INITIAL YOUR DAILY HOURS
Saturday							
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
<b>TOTAL HOURS WORKED</b>							

This form is to be completed by CarlyleYoung Group temporary staff each full or part week worked at each client and forwarded Friday morning to CarlyleYoung Group.

Please initial hours worked at the end of each day.

**Notes to Client:**

- 1 Clients do not pay for meal breaks. Overtime is determined according to applicable award after 38 hours per week.
- 2 In the event that a member of our CarlyleYoung Group temporary staff is engaged by you to work on your permanent staff (or associated organisations), or engaged by you directly for casual/temporary work within 90 days of assignment with us, our normal permanent recruitment fee will be charged.
- 3 Please authorise that the hours worked as stated above are correct. Authorisation of this timesheet constitutes acceptance of responsibility for payment of the related invoice.
- 4 As this is a Payroll Account, payment within seven (7) days would be appreciated.

Authorising Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Please print name: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

N	OT1	OT2	Other
INVOICE No.		CHEQUE No.	