

Ph: 1300 4 STAFF (1300 478 233)

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TIMESHEET



Week Ending Sunday: _____ Client Name: _____

Employee Name: _____

	Date	Start Time	Finish Time	Breaks	Total Hours
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					

Total Weekly Hours

Employee Signature: _____

Supervisor Print Name: _____

Supervisor Signature: _____

***It is your responsibility to ensure your timesheet is faxed/emailed to Accounts on Mondays by 9AM (see above)**