

# CONTRACT STAFF TIME SHEET



Att: Accounts Department  
Fax: (02) 9231 5900

Week Ending Date: \_\_\_\_\_

Client Company: _____	Contractors Surname: _____
Client Address: _____	Contractors First Name: _____
Department: _____	Contractors Position: _____
Client Contact: _____	

						OFFICE USE ONLY				
DAY	DATE MONTH	TIME START	TIME FINISH	LESS LUNCH	HOURS & MINS WORKED	NT	NT x 1.5	NT x 2	NT x 2.5	NT x 3
MON										
TUE										
WED										
THU										
FRI										
SAT										
SUN										
<b>TOTAL HOURS &amp; MINS:</b>										

**EMPLOYEE CERTIFICATION:**

I have worked the above hours and no injuries were sustained.

**EMPLOYEE SIGNATURE:** \_\_\_\_\_

NB. A time sheet must be signed by both you and our client and faxed back to BSI on **9231 5900** by **3:00pm Monday** before wages can be paid.

**CLIENT AUTHORISATION:**

I agree that the hours stated above are correct and the work was performed in a satisfactory manner. It is also understood that temporary staff are supplied in accordance with your Terms & Conditions: Contractors/Temporary Staff. Should we employ one of your temporaries currently with us, or with us in the previous 12 months, a permanent placement fee is payable, as per your Terms & Conditions.

**APPROVED AND AUTHORISED BY:** \_\_\_\_\_