

## TEMPORARY TIME SHEET

**PLEASE EMAIL TO:** [payroll@eastcoasthr.com.au](mailto:payroll@eastcoasthr.com.au) by 5.00pm each **Wednesday** afternoon or you can fax to us on 07 5443 7208

EMPLOYEE'S NAME: \_\_\_\_\_

POSITION FILLED: \_\_\_\_\_

WILL THIS POSITION CONTINUE NEXT WEEK?     YES         NO

CLIENT/COMPANY: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ CLIENT TELEPHONE: \_\_\_\_\_

| PAY PERIOD |      | EMPLOYEE HOURS |          |             |            |              | TOTAL HOURS WORKED |
|------------|------|----------------|----------|-------------|------------|--------------|--------------------|
|            |      | HOURS WORKED   |          | MEAL BREAKS |            |              |                    |
| DAY        | DATE | START TIME     | END TIME | LUNCH BREAK | START TIME | END TIME     |                    |
| THURSDAY   | / /  |                |          |             |            |              |                    |
| FRIDAY     | / /  |                |          |             |            |              |                    |
| SATURDAY   | / /  |                |          |             |            |              |                    |
| SUNDAY     | / /  |                |          |             |            |              |                    |
| MONDAY     | / /  |                |          |             |            |              |                    |
| TUESDAY    | / /  |                |          |             |            |              |                    |
| WEDNESDAY  | / /  |                |          |             |            |              |                    |
|            |      |                |          |             |            | <b>TOTAL</b> |                    |

I declare that I have worked the above hours and no injuries were sustained. I certify that the above hours (including overtime, if applicable) were worked to my satisfaction. I acknowledge that any hours worked in excess of 38 hours each week will be paid as overtime or will accrue as "time off in lieu" at ordinary time rates.

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

CLIENT'S REPRESENTATIVE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

*NB: Payslips are emailed directly to your designated email address on a weekly basis.*