

TEMPORARY TIME SHEET

PLEASE EMAIL TO: payroll@eastcoasthr.com.au by 5.00pm each **Wednesday** afternoon

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	/ /						
						TOTAL	

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.