

**FAX YOUR SIGNED TIMESHEET
BY CLOSE OF BUSINESS FRIDAY
ON 02 9232 8135**

.....
(Company Name)

.....
(Temporary's Full Name)

.....
(Reporting To)

.....
(Temporary's Signature)

.....
(Street Address)

.....
(Suburb)

.....
(Postcode)

WEEK ENDING / /

DAY	START TIME	LUNCH	FINISH TIME	** TOTAL HOURS WORKED	OFFICE USE ONLY
MONDAY					NH x1.5 x2.0 MA
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					
TOTAL					

** All times to be rounded to the nearest 1/4 hour

I hereby certify that the hours stated above are correct and that I have read, understood and accept the Terms and conditions of Business of Launch Recruitment's temporary staff.

.....
Client's Name (Please Print)

.....
Client's Authorised Signature

.....
Date

- * Original timesheet to be retained by client.
- * Please note unsigned and otherwise incomplete timesheets will not be processed.
- * Fax your signed Timesheet by close of business Friday on Fax No. 02 9232 8135