



Wells Gray Recruitment
A Service Based On One Word; Quality

Timesheet

Timesheets must be faxed to us by 4 pm every Friday afternoon

PAYSLIP VIA EMAIL OR MAIL
EMAIL ADDRESS
Please select appropriate box & print clearly

Fax: (03) 8614 7599

Temporary's Name:	
Company Name:	
Company Department:	
Supervisor's Name:	Supervisor's Signature:

IS YOUR ASSIGNMENT CONTINUING NEXT WEEK?	<u>Please tick</u> Yes <input type="checkbox"/> No <input type="checkbox"/>
---	---

Authorisation of this timesheet constitutes acceptance of responsibility for payment of the related invoice.

	Date	Start	Finish	Meal Breaks	Total Hours
Saturday	/	:	:	mins	
Sunday	/	:	:	mins	
Monday	/	:	:	mins	
Tuesday	/	:	:	mins	
Wednesday	/	:	:	mins	
Thursday	/	:	:	mins	
Friday	/	:	:	mins	

Weekly Total:

I verify that the above record is true and correct and that I have not sustained any work related injuries.

Signature _____ **Date** / /

Additional Notes _____

Office Use Only			
N	T 1/2	DT	Other

