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Time Sheet We						Week Ending / /		
Worker Details	Details					Client Details		
Name:				Client Name:				
Position:				Site: Authorised Supervisor:				
Ltd Co Name:								
	Date	Start Time	Finish Time	ne Hours/Days Worked*		Comments/Expenses		
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
Total Hours/Days Worked				*Hours worked are actual hours payable to the temporary worker after deducting any breaks to the nearest ¼ hour				
Terms of Assignment				I certify that the temporary worker has satisfactorily completed the total hours worked after any breaks taken and is due any expenses or costs indicated above. I also agree to comply with the Terms and Conditions of Business provided, and that I am authorised to approve this time sheet for payment.				
Signature				Signature				
Representative/Worker's Signature				Client's signature				
Date				Date				