

Timesheet

Temp staff name	Client name:
Direct phone number:	Client contact:
Department:	Phone:
Week ending: Sunday/...../.....	Assignment continuing? Yes / No
Order Number:	If your address or bank details have changed, please call us!

						OFFICE USE ONLY			
DAY	DATE	START	FINISH	MEAL BREAKS (EXCLUDED)	TOTAL DAILY HOURS	ORD HOURS	TIME & A HALF	DOUBLE TIME	MEAL ALLOW.
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									
Meal Allowance: To be Paid Not Paid Overtime: To be Paid Not Paid (Please Circle)					TOTAL HOURS:				

<p>Temporary Certification:</p> <p>I verify that the above hours are correct and no injuries have been sustained.</p> <p>I understand that fees will not be paid unless client has signed this timesheet.</p> <p>Signature.....</p>	<p>Client Authorisation:</p> <p>I hereby authorise payment to be made in accordance with the hours stated above and agree to the Caden Consulting Pty Ltd terms of business.</p> <p>Signature:.....</p> <p>Name:.....</p>
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Please fax to (03) 9620 9499 no later than 9:00 am Mondays
 Blank timesheets can be obtained from our website: www.caden.com.au

Please note that time worked over 7.6 hours in any one day may incur overtime charges. If you require further information, please contact our office.