



PO BOX 5045 Garden City  
VIC 3207

Client Name: \_\_\_\_\_

Job/ Site/ Stage No: \_\_\_\_\_

Client Supervisor Name: \_\_\_\_\_

Timesheet NO: ####

Week Ending: \_\_\_\_\_

Employee Name: \_\_\_\_\_

	DATE	START	FINISH	MEAL BRK	HOURS WORKED	NORM TIME	1.5 OT	2 OT	COMMENTS	SUPERVISOR SIGNATURE
MONDAY				0.5						
TUESDAY				0.5						
WEDNESDAY				0.5						
THURSDAY				0.5						
FRIDAY				0.5						
SATURDAY				0.5						
SUNDAY				0.5						

PLEASE SMS/ EMAIL BY **8AM MONDAY** – SHEHANIE: 0425 767 418 EMAIL: accounts@labourhireservice.com.au

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Labour Hire Services- Supervisors Signature



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Employee Signature

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Labour Hire Services- Supervisors