



EMPLOYEE NAME: \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_

JOB POSITION: \_\_\_\_\_

**Employee Signature:** By signing this timesheet I certify that the below hours are correct. I understand that wages will not be paid unless the client (direct supervisor or proxy) has signed this timesheet. If you have any questions or concerns please call your CORESTAFF contact on the below number.

**DARWIN OFFICE PHONE: (08) 8942 6666**

**EMPLOYEES - PLEASE ENSURE  
TIMESHEETS ARE APPROVED AND  
SUBMITTED BY 11.00AM MONDAY**

**FAX TO: (08) 8942 6699  
OR EMAIL**

[timesheets@corestaff.com.au](mailto:timesheets@corestaff.com.au)

DATE	DAY	START Time	MEAL Break	FINISH Time	TOTAL Daily Hours	Ordinary Time	Time and a Half	Double Time	Double Time & a Half	Travel Allowance	Other Allowances	COMMENTS
	MON											
	TUES											
	WED											
	THURS											
	FRI											
	SAT											
	SUN											
<b>TOTAL HOURS:</b>												

**Client Authorisation:** By the supervisor signing this form, you (The Client) are verifying that the hours stated are correct. Signature of this timesheet shall be deemed as acceptance of the CORESTAFF NT Pty Ltd terms and conditions of business.

Supervisor Name: .....

Supervisor Sign: .....

Company: ..... Site: ..... Order Number ..... Date .....