



EMPLOYEE NAME: *(Print)* _____

EMPLOYEE SIGNATURE: _____

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.

KALGOORLIE OFFICE PHONE: (08) 6000 0900

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

**FAX TO: (08) 6000 0999
OR EMAIL**

Kalgoorlie@corestaff.com.au

DATE	DAY	START Time	MEAL Break	FINISH Time	TOTAL Daily Hours	COMMENTS:
	MON					
	TUES					
	WED					
	THURS					
	FRI					
	SAT					
	SUN					
TOTAL HOURS:						SUPERVISOR NAME:
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 (WA) Pty Ltd terms of business.						SUPERVISOR SIGN:
						COMPANY:

[Type text]