



EMPLOYEE NAME: *(Print)* \_\_\_\_\_  
 EMPLOYEE SIGNATURE: \_\_\_\_\_  
 WORK LOCATION: \_\_\_\_\_  
 PAY NUMBER: \_\_\_\_\_

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

FAX TO: (07) 4743 0052  
 OR EMAIL

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

**MOUNT ISA OFFICE PHONE**  
**(07) 4743 0988**

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 office

DATE	DAY	START Time	MEAL Break	FINISH Time	TOTAL Daily Hours	Supervisor to approve all daily hours		COMMENTS / MESSAGES:
						Sign	Name Print	
	MON							
	TUES							
	WED							
	THUR							
	FRI							
	SAT							
	SUN							
<b>TOTAL HOURS:</b>								
<b>Client Authorisation:</b> By the supervisor / superintendent 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 (QLD) Pty Ltd terms of business.					<b>SUPERINTENDENT NAME:</b> _____		<b>COMPANY:</b> _____	
					<b>SUPERINTENDENT SIGN:</b> _____		<b>SITE / SECTION:</b> _____	