



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.

TOWNSVILLE OFFICE PHONE: (07) 4771 7700

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

**FAX TO: (07) 4771 7799
OR EMAIL**

townsville@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: |