



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

**EMPLOYEES - PLEASE ENSURE  
 TIMESHEETS ARE APPROVED AND  
 SUBMITTED BY 11:00AM MONDAY**

**FAX TO: (07) 5699 8099  
 OR EMAIL  
 shancock@corestaff.com.au**

**OFFICE PHONE  
 (07) 5699 8000**

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<br>Time | MEAL<br>Break | FINISH<br>Time | TOTAL<br>Daily<br>Hours   | Supervisor to approve all daily hours |            | COMMENTS / MESSAGES: |
|---|------|---------------|---------------|----------------|---|---------------------------------------|------------|----------------------|
|   |      |               |               |                |   | Sign                                  | Name Print |                      |
|   | MON  |               |               |                |   |                                       |            |                      |
|   | TUES |               |               |                |   |                                       |            |                      |
|   | WED  |               |               |                |   |                                       |            |                      |
|   | THUR |               |               |                |   |                                       |            |                      |
|   | FRI  |               |               |                |   |                                       |            |                      |
|   | SAT  |               |               |                |   |                                       |            |                      |
|   | SUN  |               |               |                |   |                                       |            |                      |
| <b>TOTAL HOURS:</b>   |      |               |               |                |   |                                       |            |                      |
| <p><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.</p> |      |               |               |                | <p><b>SUPERINTENDENT NAME:</b> _____ <b>COMPANY:</b> _____</p> <p><b>SUPERINTENDENT SIGN:</b> _____</p> |                                       |            |                      |