



Individual

Timesheet

Employee Name (Print):

Employee Signature:

Week Ending date:

By signing this form (Employee) I confirm that I have work the stated hours below and have not sustained any injuries during the shift and if I have sustained any injury during this period I have reported this to my immediate supervisor.

DAY	Date	Start Time	Finish Time	Meal Break	Shift D/A/N	Ordinary Hours	OTx1.5	OTx2	Comments
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									
Totals									

Client Name:

Position:

Signature:

Date:

Order No:

By signing this form (Client) I verify that the hours stated are correct and have been verified and that we the Client will be liable for the invoice generated relating to the above hours and shift provisions.

TIMESHEETS are to be completed and emailed to Acorn Synaco office by 12noon each Monday timesheet@acornrecruit.com.au