

Name (print) Mr/Mrs/Miss/Ms. EMPL code

Organisation

Address (where worked)

Week ending Friday

Day	Date	Start time	Finish time	Meal breaks	Ordinary time	Total hours worked
Saturday						
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Total hours (excluding) meal breaks						

Copy of completed timesheet:

emailed to govvicetimesheets@mcArthur.com.au faxed to (03) 9804 7259

Important information for clients

Before signing:

- Please check all details and note that once approved, no further claims will be recognised by M^cArthur.

- Please refer to M^cArthur Terms and Conditions, in particular:

1. *Payment.* Terms for Temporary/Contract Staff accounts are **STRICTLY 7 DAYS.**

6. *Transfer to Permanent Employment.* **A fee equivalent to 14% of annual starting salary is applicable.**

I hereby certify that I did not suffer any injury during the above term of employment and stated hours are correct

Signature of temporary

I hereby certify that the above hours and staff details are correct

Signature of client

Name of client signatory (please print)

Position title