

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	Overtime	KMS travelled	Total hours worked
Saturday								
Sunday								
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
<b>Total hours (excluding) meal breaks</b>								

**Copy of completed timesheet:**

emailed to [HStimesheets@mcArthur.com.au](mailto:HStimesheets@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<sup>c</sup>Arthur.
- Please refer to M<sup>c</sup>Arthur 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** .....

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