

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

Organisation **Consumer (NFP)**

Address (where worked)

Week ending Friday

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

Copy of completed timesheet:

emailed to agedcare@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 McArthur.
- Please refer to McArthur 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

www.mcarthur.com.au

Level 1, 199 Toorak Road, South Yarra, Victoria 3141 Telephone: (03) 9828 6565

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