

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                                     |      |            |             |             |               |             |               |                    |
| <b>Total hours (excluding) meal breaks</b> |      |            |             |             |               |             |               |                    |

**Copy of completed timesheet:**

emailed to [agedcare@mcArthur.com.au](mailto: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** .....

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