

Name (print) **Mr/Mrs/Miss/Ms**..... **Division**

Company

Department **Position**

Week ending Wednesday **Assignment** (Continuing / Completed)

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

Copy of completed timesheet to be delivered or faxed by Thursday, 4:00pm:

faxed to (08) 8215 0200

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:

Our Terms for Temporary / Contract Staff Accounts - Net 7 Days

It is hereby agreed that transfer or acquisition of a member of our temporary staff within six months of final day of employment incurs a placement fee of 10% of the engaged annual salary.

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 12, 101 Grenfell St. Adelaide, 5000 SA Telephone: (08) 8100 7000

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PLEASE PLACE THIS EDGE IN FAX MACHINE