



# TEMPORARY STAFF TIMESHEET NEW SOUTH WALES Early Childhood Education

ABN 26 078 078 298

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

Client/Centre ..... Client code .....

Qualification ..... Position .....

Week ending Sunday .....

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

Please submit your timesheet by 7pm Friday

emailed to [accounts@mcArthur.com.au](mailto:accounts@mcArthur.com.au)  faxed to (02) 9277 7001

### Temporary / Contractor

I have worked the hours stated above and no injuries were sustained or caused by me during that time.  
I acknowledge that the temporary employment agreement signed by me previously applies to this assignment.

Signature of temporary .....

Print Name .....

### Client / Contractor

I hereby certify that the above hours and staff details are correct, that the work was performed to our satisfaction, and that no further claim can be recognised by McArthur. I acknowledge that no injuries were occasioned or sustained by the temporary/contractor during that time.

Please refer to our TERMS and CONDITIONS. In particular, your attention is drawn to the following:

It is hereby agreed that the signing of this timesheet shall be deemed to be an understanding of our Terms and Conditions of Business; and that transfer or acquisition of a member of our temporary staff within 6 months of final day of employment, incurs a placement fee which will be negotiated with your consultant.

Signature of client .....

Name of client signatory (please print) .....

Position title ..... Date: .....

[www.mcarthur.com.au](http://www.mcarthur.com.au)

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