



PRECRUITMENT TIMESHEET

Name:	
Client:	

Change of Contact Details or other messages for Precruitment:	
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**FAX TO YOUR
PRECRUITMENT OFFICE**

**CAIRNS – 4031 6188
(HEAD OFFICE)**

TOWNSVILLE – 4721 5610

WEEK ENDING (SUNDAY) / /						OFFICE USE			
Date	Day	Start	Finish	Lunch	Hrs & Min Worked	Ordinary Time	1.5 OT	2 OT	2.5 OT
	Monday								
	Tuesday								
	Wednesday								
	Thursday								
	Friday								
	Saturday								
	Sunday								
TOTAL									

Hrs Min

Is Assignment continuing next week? Yes No

Employee Signature **Employee Certification:** I have worked the hours shown above and no work related injuries were sustained by me.

CLIENT APPROVAL	
Approval indicates verification of hours worked and acceptance of Precruitment's Terms of Business.	
Client's Signature	
Print Name	

THIS TIMESHEET MUST BE SIGNED BY THE EMPLOYEE AND THE CLIENT AND FAXED TO THE APPROPRIATE PRECRUITMENT OFFICE BY **9.00AM MONDAY**.

OFFICE USE	
Job Number	
Temp Code	
Assignment	