

## CONTRACTOR TIMESHEET

*Fax Timesheets to 02 8905 9566*

Name/ Contractor ..... Week Ending .....

Reporting to ..... Company Name .....

Address ..... Department .....

.....

Contractor Signature ..... Employee Certification: I have worked the below hours.

**NOTE:** Wages will not be paid until a timesheet has been signed by you and the client.

	Date	Time Started	Time Finished	Lunch/ Breaks	Total Hours Worked	Official USE
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
Total Hours Worked						

Authorised Supervisor to complete: Please sign to verify that the hours stated are correct and the work performed in a satisfactory manner.

Approved By .....

Client Signature .....

Date .....

**Contract staff are supplied in accordance with Human Solutions Group 'Terms of Business'**