TIMESHEET – MONDAY TO SUNDAY																
		1	ALL T	IMESH	EETS MU	ST BE S	SUBMI	TTED BY 9:0	0AM (EST)	EVERY T	UESDAY TO	O PAYROL	L@LABO	URLAE	B.COM.AU	
CANDIDATE NAME:										POSITIO	POSITION:					
CLIENT NAME:											WEEKENDING:					
JOB NUMBER:							LOCAT	LOCATION:								
WORKSH	OP/S	ITE	•	WOR	кѕнор:	S	ITE:									
DATE			TIME IN: TIME		OUT:	T: UNPAID ALLOWANCE		CES: TOTA	ES: TOTAL HOURS:		CLIENT/SUPERVISOR NAME		CLIENT/SUPERVISOR SIGNATURE			
MON		1	1												7	
TUES		1	1													
WED		/	1													
THUR		/	1						A		A					
FRI		/	1													
SAT		/	/													
SUN		/	/													
	CLI	ENI	T/SIIE	DEDVISO	OR ALITHOU	OITABIS	N. Loor	tify that the de	taile shown	above are e	orrect and th	at the work	norformed	lin a cat	isfactory manner	-

CLIENT/SUPERVISOR AUTHORISATION: I certify that the details shown above are correct and that the work performed in a satisfactory manner.

CANDIDATE AUTHORISATION: I hereby certify that all the details shown above on this timesheet are true and accurate.

I understand that my wages will be credited to my account on receipt of this timesheet submitted by the cut off time and signed by authorised personnel of the above mentioned client subject to verification through client's internal verification/validation process.

CANDIDATE SIGNATURE:		DATE:	
OANDIDANE GIGHANGILL.	 		

PLEASE NOTE: IT IS <u>YOUR</u> RESPONSIBILITY TO SUBMIT YOUR CORRECTLY COMPLETED AND SIGNED TIMESHEET TO LABOUR LAB FOR PROCESSING.

ANY EMPLOYEE WHO FAILS TO SUBMIT A TIMESHEET BY THE CUT OFF TIME WILL NOT BE PAID UNTIL THE FOLLOWING PAY WEEK.

BY SIGNING THIS TIMESHEET YOU ARE AGREEING TO THE CONDITIONS STATED IN OUR TIMESHEET POLICY.
THIS POLICY IS FOUND ON OUR WEBSITE: WWW.LABOURLAB.COM.AU/TIMESHEETPOLICY