SIGNATURE STAFF TIMESHEET

EMPLOYEE NAME: _____ **WEEK ENDING (Sunday):** ___/___/___

EMPLOYEE SIGNATURE: _____

OFFICE USE ONLY

DATE	DAY	PROPERTY NAME & DEPARTMENT	POSITION	START TIME	FINISH TIME	BREAK TIME	TOTAL HRS	SUPERVISOR'S NAME	SUP. SIGN	Staff Transfer STF/SD/DSS/TS/OT	M-F	S-S

Comments:

PLEASE SUBMIT TIME SHEET TO THE SIGNATURE STAFF OFFICE BY 5PM MONDAY

- **Timesheets received after this time will be processed the following week**
- **All Shifts must be signed off by your Supervisor otherwise they may not be paid on time**
- **Please use 24 hour time**
- **Staff Transfer Abbreviations:** STF – Staff Transfer, SD – Self Driver, DSS – Driver of a Signature Staff Vehicle, TS – Transporting Staff, OT – Own Transport

Email: accounts@signaturestaff.com.au
Fax: 07 4050 3838