



TIME SHEET

FIRST NAME: _____

SURNAME: _____

Week Ending: Sun / /

OFFICE USE ONLY

DATE	DAY	PROPERTY NAME & DEPARTMENT	POSITION	START TIME	FINISH TIME	BREAK TIME	TOTAL HRS	SUPERVISOR'S NAME	SUP. SIGN	M-F	S-S	OTHER

EMPLOYEE'S SIGNATURE: _____

PLEASE SUBMIT TIME SHEET TO THE SIGNATURE STAFF OFFICE **BY 5PM MONDAY.** FAX; 4050 3838, EMAIL; reception@signaturestaff.com.au

**** Please note timesheet must be completed properly. PRINT your name neat & clear, INSERT the date and please SIGN at signature Line. All Shifts must also be signed off by a Supervisor to ensure you get paid correctly & on time.****