

OFFICE USE ONLY:



ABN: 32 730 624 537

## CARECHOICE TIMESHEET

### CASUAL EMPLOYEE NAME

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ P/Code: \_\_\_\_\_

### CLIENT NAME

Company/Client: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ P/Code: \_\_\_\_\_

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WEEK 1	DATE	START TIME	FINISH TIME	BREAK	TOTAL HOURS	HACC S/O OR RESI S/O	KMS	AUTH. INITIAL
Mon								
Tue								
Wed								
Thu								
Fri								
Sat								
Sun								
WEEK 2	DATE	START TIME	FINISH TIME	BREAK	TOTAL HOURS	HACC S/O OR RESI S/O	KMS	AUTH. INITIAL
Mon								
Tue								
Wed								
Thu								
Fri								
Sat								
Sun								

### CARECHOICE (AUST) PTY LTD EMPLOYEE ASSIGNMENT

I have worked the above hours and no injuries were sustained. I am aware that my hourly rate includes a loading for holiday and sick pay, and that I am only paid for actual hours worked. I also adhere to the policies and procedures as directed by CareChoice. I hereby acknowledge that if I do not submit timesheets within 3 months of the booked date of service, I will not receive payment.

**CARECHOICE EMPLOYEE SIGNATURE:** \_\_\_\_\_

NOTE: The timesheet must be signed by the client and yourself before payment may be made.

### CLIENT AUTHORISATION

Please sign this form to confirm that the hours listed are correct and the work has been performed in a satisfactory manner. We / I have read and agree to the terms and conditions herein.

I acknowledge that the Temporary staff member on this timesheet is a valued employee of CareChoice and that in an event of the employee being offered a temporary, permanent, part time or casual position in this company / department, within a 12 month period of the last day of the temporary assignment with us, we are liable to pay a negotiated placement fee.

**CLIENT NAME:** \_\_\_\_\_ **CLIENT SIGNATURE:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_

**All timesheets MUST be submitted by 5:30pm Monday of pay week. Timesheets that are sent in late will not be paid in the corresponding paycycle.**

Send timesheets either via scan/e-mail: [timesheets@carechoice.net.au](mailto:timesheets@carechoice.net.au) or fax to 1300 737 943.

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