PRESTIGE STAFFING PERSONNEL - TIMESHEET

Authorised timesheets MUST be submitted by 12 Noon Monday

Email Fax

payroll@prestaff.com.au In Person 0350 233 551

43 Lemon Ave Mildura VIC 3500 Phone 0350 233 990



NAME: _____

NAME OF COMPANY:

POSITION IN COMPANY:

WEEK ENDING: / /

Day	Date	Time Start	Time Finish	Less Breaks	Total Hours Worked	OFFICE USE ONLY				
						ORDINARY	1.5X	2X	Job ID	
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										
Total Hrs ALLOWANCES / REIMBURSEMENTS / OTHER REQUIREMENTS										
					Accomm	nodation >	K	nights		
					Travel x hours					
					Meals	(office use only)				
IS YOUR ASSIGNMENT CONTINUING NEXT WEEK? YES / NO ESTIMATED ASSIGNMENT END DATE:										
WORKPLACE HAZARD IDENTIFIED DATE:						HAZARD TYPE:				
I VERIFY THAT THE ABOVE RECORD IS CORRECT AND I HAVE NOT SUSTAINED ANY WORK RELATED INJURIES DURING THIS PERIOD.										
SIGNATURE OF TEMPORARY WORKER										
SUPERVISOR'S NAME AND POSITION IN COMPANY:										
I AUTHORISE THAT THE ABOVE HOURS ARE CORRECT AND AGREE TO THE TERMS AND CONDITIONS PREVIOUSLY ADVISED										
AUTHORISED SUPERVISOR'S SIGNATURE:										