

Name (print) Mr/Mrs/Miss/Ms. .... EMPL code .....

Organisation .....

Address (where worked) .....

Week ending Friday .....

Day	Date	Start time	Finish time	Meal breaks	Total hours worked
Saturday					
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
<b>Total hours (excluding) meal breaks</b>					

**Copy of completed timesheet:**

emailed to commvictimesheets@mcArthur.com.au  faxed to (03) 9804 7259

**Important information for clients**

Before signing:

• Please check all details and note that once approved, no further claims will be recognised by McArthur.

• Please refer to McArthur Terms and Conditions in particular:

1. *Payment.* Terms for Temporary/Contract Staff accounts are **STRICTLY 7 DAYS**

6. *Transfer to Permanent Employment.* **A fee equivalent to 14% of annual starting salary is applicable.**

I hereby certify that I did not suffer any injury during the above term of employment and stated hours are correct

**Signature of temporary** .....

I hereby certify that the above hours and staff details are correct

**Signature of client** .....

**Name of client signatory** (please print) .....

**Position title** .....