

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

**Centre/Organisation** .....

**Address** (where worked) .....

**Position title** .....

**Week ending Tuesday** .....

Day	Date	Ward/ Unit	Start time	Finish time	Meal breaks	Hours worked	Client signature	Signatory name
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
Monday								
Tuesday								
<b>Total hours (excluding) meal breaks</b>								

**Copy of completed timesheet is to be sent at the latest by 8:00am Wednesday:**

emailed to agedcare.qld@mcArthur.com.au

faxed to (07) 3211 9677

### Important information for clients

Before signing:

- Please check all details and note that once approved, no further claims will be recognised by M<sup>c</sup>Arthur.
- Please refer to M<sup>c</sup>Arthur Terms and Conditions, in particular:

**Our Terms for Temporary / Contract Staff Accounts - Net 7 Days**

**It is hereby agreed that transfer or acquisition of a member of our temporary staff within six months of final day of employment incurs a placement fee of 14% of the engaged annual salary.**

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** .....

[www.mcarthur.com.au](http://www.mcarthur.com.au)

Level 15, 127 Creek St, Brisbane City QLD 4000 Telephone: (07) 3211 9700

Melbourne • Sydney • Canberra • Brisbane • Adelaide