

## TEMPORARY STAFF TIMESHEET

## VICTORIA Human Services

ABN 75 008 186 383

Name (print) Mr/Mrs/Miss/Ms. EMPL code								
Organisation .								
Address (where worked)								
Week ending Sunday.								
				T		I		
Day	Date	Start time	Finish time	Meal breaks	Ordinary time	Overtime	KMS travelled	Total hours worked
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday	_							
Total hours (excluding) meal breaks								
Copy of completed timesheet:								
emailed to HStimesheets@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 <b>STRICTLY 7 DAYS</b> .								
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 .								

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