

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

Centre/Organisation .....

Address (where worked) .....

Position title .....

Week ending Sunday .....

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

**Copy of completed timesheet:**

emailed to [ecevicetimesheets@mcARTHUR.com.au](mailto:ecevicetimesheets@mcARTHUR.com.au)  faxed to (03) 9826 0702

**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 .....

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

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