

Name (Surname – please print) (other name)

Date of ACCESS / / Day EMPL code.

DHHS Region: Western Metro Rural Northern Metro Rural
 Eastern Metro Rural Southern Metro Rural
 After hours

Name of Unit/Dept

DHHS Protective Worker

ACCESS

Full name of Parent/Carer

Full name(s) of Children

Time Commenced: End:

Travel to: Time Taken:

Total Worked: Hours: Minutes:

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 **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