

Casual Employment Timesheet

PERSONAL DETAILS

CLIENT:	AXIOM ID:
SITE ADDRESS:	<i>Office use only</i>
EMPLOYEE NAME:	
POSITION:	POST CODE:

WEEK ENDING:/...../.....

DATE	START TIME	FINISH TIME	MEAL BREAKS	TOTAL HOURS	NORMAL TIME		
					NT	T 1/2	T 2
MONDAY /							
TUESDAY /							
WEDNESDAY /							
THURSDAY /							
FRIDAY /							
SATURDAY /							
SUNDAY /							
TOTAL HOURS							

KM'S TRAVELLED (HC AND MC DRIVERS TO COMPLETE)				
TO	FROM	TOTAL KM'S	LOAD/UNLOAD	GRADE

OTHER AUTHORISED EXPENSES / ALLOWANCES

DATE	ALLOWANCE TYPE	DETAIL	NUMBER	COMMENTS

LOWIE RECRUITMENT DETAILS - TO BE COMPLETED PRIOR TO SUPPLYING TO EMPLOYEES

FAX/EMAIL YOUR TIMESHEET BY 9:00AM MONDAY

BRANCH NAME:
FAX: EMAIL:

TEMPORARY CERTIFICATION

By signing this form, I confirm that:
 I have worked the stated hours, I have not sustained any injuries during the above shift and if I have sustained an injury during the above shift and I have reported this to my supervisor.
 I have not accepted a position, permanent or temporary, and will not do so with any Lowie Recruitment client without informing Lowie Recruitment beforehand.
 I am aware that my hourly rate includes a loading for holiday and sick pay, and that I am only paid for actual hours worked.

Temporary's Signature:

CLIENT AUTHORISATION

Please sign this form to verify that the hours stated are correct and that the work performed was completed in a satisfactory manner.

By using our services you acknowledge and agree that you are bound by the Terms and Conditions of Business and further acknowledge and agree that you have been referred to the same prior to receiving services from us.

 IS BOOKING CONTINUING NEXT WEEK? YES NO

Client Signature:

Client Name:

Client Position: