TIMESHEET

STRUDWICK HUMAN RESOURCES

P: (08) 90212526 F: (08) 90217375 ABN 68 066 214 757

NAME:_____ **POSITION:**_____

CLIENT:_____ **LOCATION:**_____

PAY PERIOD ENDING: Friday____/____/____

Hours worked (Please use 15 minute units)								
DATE		**START** EG:0800	**FINISH** EG:1700	**Break** (in minutes)	**TOTAL HOURS**	**FOR OFFICE USE ONLY**		
DAY	**DATE**					**O**	**T.5**	**DT**
SAT								
SUN								
MON								
TUES								
WED								
THURS								
FRI								
SAT								
SUN								
MON								
TUES								
WED								
THURS								
FRI								
				Total Hours				

Temp Endorsement

a) I certify that the details are true and accurate and that no injuries were sustained during the assignment
Yes ☐ No ☐

b) Will your assignment continue next week?
Yes ☐ No ☐

Client Endorsement

Please advise Strudwick HR:

a) In the event of an accident, incident or illness
b) If there are changes to the role that will affect our temporary staff member
c) If any offer of permanency be made to our temporary staff member

NAME	SIGNATURE
Employee:	
Manager:	

FOR OFFICE USE ONLY		
Batch #:	Paid:	Entered:

Payroll deadline 9.00 am Monday

PLEASE FAX COMPLETED & SIGNED TIMESHEET TO 9021 7375

"……..to reach an exceptional understanding of Client Satisfaction by acknowledging Customer demands, first time, every time……"