



Site \_\_\_\_\_

EMAIL accounts@jobconnect.com.au

Week Ending:.....

Fax No. 3890 6202

NAME	MONDAY			TUESDAY			WEDNESDAY			THURSDAY			FRIDAY			SATURDAY			SUNDAY			Normal	Time 1/2	Double			
	START FINISH	Break	Total Hours	START FINISH	Break	Total Hours	START FINISH	Break	Total Hours	START FINISH	Break	Total Hours	START FINISH	Break	Total Hours	START FINISH	Break	Total Hours	START FINISH	Break	Total Hours						
<b>Supervisors' Initials</b>																											

I/We confirm that the total hours worked are correct. I/We agree to pay Job Connects invoice in respect of the hours above within (14) days of its date.  
I/We agree to abide by the terms of Business as stated in Job Connects Trading Agreement.

Signed:..... Name:..... Date:.....