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## TIMESHEET

Week Ending (Monday – Sunday ) :     /     /

EMPLOYEE \_\_\_\_\_

COMPANY \_\_\_\_\_

SITE \_\_\_\_\_

**Notes to Employees :**

This timesheet should be filled in daily and it is YOUR responsibility to have it signed and returned to Job Connect prior to 10am Monday.

We cannot make payment without the signature of the client approved supervisor in the space below

Day	Date	Start	Finish	Break	Total	Shift	ORD	T1/2	DT	Sign
Mon	/ /									
Tues	/ /									
Wed	/ /									
Thurs	/ /									
Fri	/ /									
Sat	/ /									
Sun	/ /									

Office use only

Total										
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**Job Continuing Y / N**

**Job Will Complete Date:     /     /**

I / We verify that the details of attendance stated are correct and that the employees work has been satisfactory. We confirm our agreement to Job Connects terms and conditions of business and undertake to pay your account in accordance with such terms, of which we received a copy

\_\_\_\_\_

EMPLOYEE SIGNATURE

\_\_\_\_\_

CLIENT AUTHORISED SIGNATURE