



EMPLOYEE NAME:			EMPLOYEE NO.		CLIENT				JOB LOCATION		
DAY	DATE	Time START	Time FINISH	LUNCH BREAK	HRS ORD	HRS 1 1/2	HRS 2	HRS 2 1/2	TRAVEL	SHIFT	ALLOWANCES OR REMARKS
SUN											
MON											
TUES											
WED										PAY OFFICE USE ONLY	
THUR											
FRI											
SAT											
OTHER WORKSITE THIS WEEK <input type="checkbox"/> YES <input type="checkbox"/> NO		TOTAL HOURS WORKED									CLIENT SIGNATURE
EMPLOYEE SIGNATURE				CHECKED BY TOTAL REP						CLIENT NAME	
NOTE: (1) Please check carefully that the hours stated are correct as items shown will appear on your invoice unless specifically quoted otherwise (2) Refer to our conditions of hire and terms of business											

PINK: TIS COPY **YELLOW:** TIS COPY **WHITE:** CLIENT COPY **GREEN:** EMPLOYEE COPY

TIS RECRUITMENT

Please fax to 08 9093 3331 MUST BE IN BY 12 MIDDAY MONDAY