



This Timesheet must be Emailed to lsasupport@laboursolutions.com.au no later than 12pm on MONDAY.

Full Name	
Client	
Site	
Week Ending	

Employee Number: (found at the top of your payslip)	
Assignment Complete:	Yes: No:
Purchase Order Number:	

DAY	DATE	START TIME	FINISH TIME	BREAK	HOURS CLAIMED	SHIFT Day Afternoon Night	Supervisor Signature for Daily Approval	Normal Time	Time & Half	Double Time
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										
Totals										
FOR PAYROLL USE ONLY										

Allowance Type	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

TIMESHEET CAN NOT BE PROCESSED WITHOUT CLIENT SIGNATURE

Client Authorisation: I certify that the details shown above are correct and that the work performed in a satisfactory manner. I confirm that I have received and agree to abide by Labour Solutions Australia's Terms and Conditions and additionally that I have provided a safe and healthy work environment and carried the assignment duties for the temporary employee from the original assignment description. By signing this I, on behalf of the company agree to the Labour Solutions Australia Terms and Conditions of business.

Print Name: _____

Signature: _____

Employee Authorisation: I certify that the details shown above on this timesheet are true and accurate and additionally that I have not sustained any injuries what so ever during the assignment and my assignment duties have not varied from the original assignment description.

Print Name: _____

Signature: _____