



This Timesheet must be faxed or emailed to LSA on 07 3367 3736 or pay@laboursolutions.com.au no later than 2pm on MONDAY.

FULL NAME					
CLIENT					
SITE					
WEEK ENDING		Assignment Complete:	Yes		No

DAY	DATE	START	END	BREAK	TOTAL HOURS	SHIFT D / N	Normal Time	Time & Half	Double Time	Supervisor daily app
Mon										
Tues										
Wed										
Thr										
Fri										
Sat										
Sun										
Totals										

WAGES CAN NOT BE PAID WITHOUT A CLIENT SIGNATURE ON THIS TIMESHEET

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.

Signature: _____ Print Name: _____

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Allowance Type							
Allowance Type							
Allowance Type							

CLIENT AUTHORISATION

I certify that the details shown above are correct and that the work was 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 health 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 by Labour Solutions Australia's Terms and Conditions

Signature: _____ Print Name: _____

Rate Our Staff (1 - Unsatisfactory -> 5 Excellent)					Rate Our Service (1 - Unsatisfactory -> 5 Excellent)				
1	2	3	4	5	1	2	3	4	5
Comments:					Comments:				