



# TIMESHEET

Job Order #

**\* ALL TIMESHEETS MUST BE SIGNED BY A SUPERVISOR \***

If you have any problems obtaining a signature please contact Wells Gray Recruitment on 03 8614 7555  
Please send via email ([info@wellsgray.com.au](mailto:info@wellsgray.com.au)) or fax (03 8614 7599) by close of business each Friday.

**\*Timesheets must be completed in dark blue or black ink.\***

**ANY TIMESHEETS RECEIVED AFTER 10AM ON MONDAY WILL BE PAID THE FOLLOWING WEEK.**

EMPLOYEE NAME:		COMPANY NAME:			
WEEK ENDING:		SUPERVISOR NAME:			
EMPLOYEE SIGNATURE:		SUPERVISOR SIGNATURE:			
The above signature verifies that the below record is true and correct and you have not sustained any work related injuries.		The above signature authorizes payment to be made in accordance with the hours below and constitutes acceptance of responsibility for payment of the related invoice.			
	DATE	START	FINISH	LUNCH BREAK	TOTAL HOURS WORKED
Saturday	/	:	:	mins	
Sunday	/	:	:	mins	
Monday	/	:	:	mins	
Tuesday	/	:	:	mins	
Wednesday	/	:	:	mins	
Thursday	/	:	:	mins	
Friday	/	:	:	mins	
<b>WEEKLY TOTAL:</b>					

Pay slips will be sent via email unless otherwise requested

**IS YOUR ASSIGNMENT CONTINUING NEXT WEEK? YES or NO**  
(PLEASE CIRCLE)

Additional notes?

OFFICE USE ONLY			
N	T ½	DT	MEAL ALLOWANCE