



# TIMESHEET

SURNAME: \_\_\_\_\_ GIVEN NAMES: \_\_\_\_\_

POSITION: \_\_\_\_\_ CLIENT: \_\_\_\_\_

WEEK ENDING: \_\_\_\_/\_\_\_\_/\_\_\_\_ PURCHASE ORDER # \_\_\_\_\_

HOURS WORKED						
DAY	DATE	START	FINISH	BREAK	ALLOWANCES	TOTAL HOURS
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						
<b>TOTAL HOURS TO BE PAID</b>						

**HIGHGRADE TEAM MEMBER:** I HAVE WORKED THE HOURS STATED ABOVE AND I HAVE NOT SUSTAINED ANY INJURIES DURING THIS TIME. I ALSO AGREE THAT THE TERMS & CONDITIONS SIGNED BY ME APPLY.

**CLIENT/SUPERVISOR:** I VERIFY THAT THE DAILY HOURS ON THIS TIMESHEET ARE CORRECT AND THAT THE WORK PERFORMED WAS TO OUR SATISFACTION. I ALSO ACKNOWLEDGE THAT NO INJURIES WERE SUSTAINED BY THE HIGHGRADE TEAM MEMBER DURING THIS TIME. I AGREE TO THE TERMS & CONDITIONS PREVIOUSLY ADVISED.

NAME	SIGNATURE
TEAM MEMBER:	
CLIENT:	

**PLEASE SUBMIT YOUR TIMESHEET BEFORE 11:00AM EVERY MONDAY. PLEASE FAX IT TO 08 9093 3933 OR EMAIL TO [ADMIN@HIGHGRADE.NET.AU](mailto:ADMIN@HIGHGRADE.NET.AU)**

HIGHGRADE PERSONNEL WILL NOT PAY WITHOUT PRIOR AUTHORISATION TIME WORKED IN EXCESS OF 12 HOURS IN A SHIFT, DAYS WORKED IN EXCESS OF 13 CONTINUOUS SHIFTS OR SHIFTS COMMENCED WITHOUT A REST PERIOD OF 10 HOURS.

HIGHGRADE PERSONNEL PTY LTD