

**THINK SAFE!! SAFETY BEGINS WITH YOU!!**



Tel: (08) 9353 6433 Fax: (08) 9353 4602

Client: .....  
 Contact: .....  
 Site Address: .....  
 .....  
 Order Number: .....  
 Employee: .....

**TIMESHEET**

Staff Link will at no time be responsible for any loss, damage or injury caused by an employee. It is understood that while on assignment the employee is under the direction, control and supervision of the client

White copy to Client Signatory - Blue copy to employee - Please fax your completed Timesheet to SLP at the end of the working week or completion of assignment.

DAY	DATE	START	FINISH	LESS BREAK	TOTAL HRS	ALLOWANCES
Sun						
Mon						
Tue						
Wed						
Thur						
Fri						
Sat						

**AUTHORISATION:**  
 The signatories below warrant that the hours and allowances signed for are correct and will constitute the basis for invoicing and that the work undertaken was done satisfactorily.

Client Signature

Employee Signature

**WHERE THERE'S RISK ----- PAUSE AND THINK.**

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