



RECRUITMENT

Weekly Timesheet.

Fax: 03 5174 2511

Email: reception@gbsrecruitment.com.au

Employee Name:	
Client Name:	
Client Address:	
Supervisor:	
Sunday Week Ending:	

	DATE	START	BREAK	FINISH	TOTAL	OFFICE USE ONLY	
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
WEEKLY TOTAL							

Employee Authorisation

I certify that the above hours are correct and no injuries have been sustained. I agree that any payment due to me may be adjusted for any overpayment or underpayment made in a prior period. I understand that fees will not be paid unless the client (Supervisor) has signed this timesheet and that GBS receives my timesheet by 9.00AM Monday morning.

Employee Signature: _____

Please sign this form to verify that the hours stated are correct and no injuries have been sustained.

Client/Supervisor Authorisation

Client Signature: _____ Date: _____

Print Name: _____

Is the booking continuing next week? Yes: No: