



# Temporary Staff Timesheet

Consultant: .....

**Office Use Only**

Day / Date: .....

Client Number: .....

Organisation: .....

Invoice Number: .....

Address: .....

Job Title: .....

Temporary Staff's Name: .....

Temporary Staff's Signature: .....

Week Ending Friday: .....

**Important:** Timesheets must be signed by your supervisor and returned by Monday 10:00am or payment of wages will be delayed. Please return a copy to Odyssey Recruitment via Fax: **07 3229 1254** or Email: **info@odysseyrecruit.com.au**

Day	Date	Time Started	Time Finished	Less Lunch Period	Hours Worked
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
<b>Total hours worked for the week</b>					

Is the assignment continuing?  Continuing  Complete

**Client Authorisation:** I certify that the employee has satisfactorily rendered service for the hours shown above.

Client's Authorised Signature: .....

**Please Note:** Should one of our Temporary Staff become a permanent member of your staff in any capacity within 12 months of completing an assignment, then our current fees for permanent placement will apply. Staff are supplied in accordance with our Terms of Business.