

TIMESHEET

Pay Period: ___ / ___ / ___ to ___ / ___ / ___

Employee Name:						
Host Company:					Completed the Host Company's safety induction? ☐ Yes / ☐ No	
Day	Date	Start Time	Break Duration	Finish Time	Total Hours	Shift / Travel Allowances / Comments / Area Worked
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Total						
I certify that the above details including hours and allowances are true and correct and no injuries have been sustained. I agree that any payment due to me may be adjusted for overpayment or underpayment made in prior period. I understand that payment will not be made unless the authorised representative of the Host Company (supervisor) has signed this timesheet and the timesheet is received by GBS Recruitment before 10am Monday morning.						
Employee Signature:			Print Name:			
By signing this timesheet I acknowledge the above details including hours and allowances are true and correct and no injuries have been sustained. The Host Company agrees to meet payment obligations to GBS Recruitment for the hours and allowances above in accordance with agreed GBS Recruitment Services Agreement.						
Authorised Representative Signature:			Print Name:			