



TIMESHEET

EMPLOYEE NAME:						WEEK ENDING:			
COMPANY NAME:									
COMPANY ADDRESS:									
ROLE UNDERTAKING:									
DEPARTMENT:						SUPERVISOR NAME:			
DAY	DATE	START	BREAK	FINISH	TOTAL	ALLOWANCES	KMS	OFFICE USE ONLY	
SUN									
MON									
TUES									
WED									
THURS									
FRI									
SAT									
TOTAL									
OFFICE USE ONLY									

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 overpayment or underpayment made in a prior period. I understand that payment will not be made unless the client (Supervisor) has signed this timesheet and it is received by GBS before **10:00am Monday morning**.

EMPLOYEE NAME:
EMPLOYEE SIGNATURE:
DATE:
COMMENTS:

COMPANY AUTHORISATION

I verify the hours stated are correct and no injuries have been Sustained. By signing this timesheet, I agree to GBS Recruitments' current Recruitment Services Agreement (a copy of which can be sent if required).

SUPERVISOR NAME:
SUPERVISOR SIGNATURE:
DATE:
IS THE POSITION CONTINUING NEXT WEEK? YES NO

Please email this form to accounts@gsbreruitment.com.au
before **10.00am Monday morning**