



TIMESHEET NO.
257999

TIMESHEET WEEK ENDING DATE / / (SUNDAY)

Your Name Supervisor Name
Your Role Company Worked At
Department / Outlet Name

Please use 24 hour clock
White Send to Payroll
Yellow Leave with the Client
Blue Keep for your records
Phone 1300 360 362
Fax 1300 360 372
Email payroll@emprego.com

THIS SUPERVISOR SIGNED TIMESHEET MUST BE EMAILED TO PAYROLL@EMPREGO.COM BY 10PM EACH MONDAY.

Day	Date	Start Time	Break One		Break Two		Finish Time	Total Hours <small>(incl breaks)</small>	Staff Signature	Supervisor Signature	
			Break Start	Break Finish	Break Start	Break Finish					
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											
Sunday											
Total Hours									I certify that the contractor has been properly site inducted and has satisfactorily rendered service for the hours shown here. I have read and agreed to the terms and conditions as stated on the reverse side.		

STAFF PERFORMANCE

Supervisor please circle
 1 Poor 5 Excellent

- 5**
- 4**
- 3**
- 2**
- 1**

Notes