



**MACQUARIE PEOPLE PTY. LTD**  
**Temp/Contract Staff Division**

**TIMESHEET**

**Fax to MACQUARIE PEOPLE - (07) 5526 2761**

**NB: TIMESHEETS MUST BE FAXED  
BY MONDAYS 10AM AT THE LATEST**

Employee Name: \_\_\_\_\_  
Week Ending \_\_\_\_\_

Day	Time Started	Time Finished	Less Lunch	Hours	
				Hrs	Min
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Total Hours this week to nearest 1/4 hr					

**Employee Certification**

I have worked the above hours and no injuries were sustained.

Employee Signature: \_\_\_\_\_  
Client Name: \_\_\_\_\_  
Organisation: \_\_\_\_\_  
Address: \_\_\_\_\_  
Department: \_\_\_\_\_

**Client Authorisation**

**Please sign this form to verify:**

- I) hours stated are correct
- II) that work performed was to your satisfaction
- III) that you have read and accepted the conditions of service.

Supervisor's Name: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_