



Labour Solutions Australia

“Delivering Efficient & Selective People Solutions”

This Timesheet must be faxed to LSA on 07 3367 3736, no later than 2pm on MONDAY.

FULL NAME				
CLIENT				
SITE				
WEEK ENDING		Assignment Complete:	Yes	No

DAY	DATE	START	END	BREAK	TOTAL HOURS	SHIFT D / N	Normal Time	Time & Half	Double Time
Mon									
Tues									
Wed									
Thr									
Fri									
Sat									
Sun									
TOTAL HOURS (minus breaks)									

TIMESHEET CAN NOT BE PROCESSED WITHOUT CLIENT CERTIFICATION

Client Authorisation

I certify that the details shown above are correct and that the work performed in a satisfactory manner. I confirm that I have received and agree to abide by Labour Solutions Australia's Terms and Conditions and additionally that I have provided a safe and healthy work environment and carried the assignment duties for the temporary employee from the original assignment description. By signing this I, on behalf of the company agree to the Labour Solutions Australia Terms and Conditions of business.

Signature: _____

Print Name: _____

Employee Authorisation

I certify that the details shown above on this timesheet are true and accurate and additionally that I have not sustained any injuries what so ever during the assignment and my assignment duties have not varied from the original assignment description.

Signature: _____

Print Name: _____

Day	Allowance Type	Allowance Type	Allowance Type	Allowance Type	Allowance Type
Mon					
Tues					
Wed					
Thr					
Fri					
Sat					
Sun					