



p: 07 3253 6565
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www.majer.com.au

Timesheet

Employee Name: _____

Employee Phone No: _____

Client Name: _____

Week Ending: ____/____/____

Office Use Only: ____ ORD ____ O/T ____ D/T

Day	Start Time	Finish Time	Breaks	Total
Monday	:	:	:	:
Tuesday	:	:	:	:
Wednesday	:	:	:	:
Thursday	:	:	:	:
Friday	:	:	:	:
Total Hours				:

Please note times must be entered in **15 minute intervals**.

A break must be taken if you work for more than 4 hours.

Is this assignment continuing next week? Yes No

PLEASE FAX TO US BY 5PM FRIDAY ON 3319 6000 TO ENSURE PAYMENT ON THURSDAY.

I verify that the above hours are true and correct

Employee Signature **Date** **Client Signature** **Date**