



Weekly Time Sheet

**Return your signed timesheet by
5PM the following Monday to:
timesheets@welinkrecruitment.com.au**

Welink Recruitment Pty Ltd
L9, 64 York Street
Sydney NSW 2000
www.welinkrecruitment.com.au
Telephone: 1300 935 465
ABN 92 638 121 856

Employee's Full Name: _____

Week Ending: ____ / ____ / ____

Client Company Name: _____

PO (If required): _____

Day	Day / Month / Year	Start	Lunch	Finish	Total	Normal Time	Time & Half	Double Time
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
Please tick one box:		<input type="checkbox"/> Assignment Finished <input type="checkbox"/> Assignment Continuing		Total Time:				

Authorising Name (please print)

Client's Authorising Signature

Date

Terms and Conditions of Business – Contracting and Temporary Requirements.

Client: By signing this timesheet, you acknowledge that the above data is correct and Welink Recruitment will invoice the Client for the approved hours.

Employees: It is the responsibility of the employee to submit the **signed** timesheet by the following Monday at 5PM. **Timesheets, without an authorised signature from a Client Manager, will not be processed.**