



Time Sheet – Labor Force

Name: _____

Company: _____

Position Title: _____

Week Ending Sunday: ____ / ____ / ____

1. Are you continuing with this Assignment next week? Yes No

In Association with OH&S Legislation the Contractor is required to read and circle the following:

2. Has your working environment changed? Yes No

3. Has your role / job description / responsibilities changed? Yes No

4. Do you need to report a work related hazard / incident / injury? Yes No

If you circled "yes" to either question 2, 3 or 4 please contact your consultant immediately on (02) 9262 5656.

Dates Worked		Time Started	Time Finished	Less Lunch	Normal Hours	Over Time
Sunday	/ /					
Monday	/ /					
Tuesday	/ /					
Wednesday	/ /					
Thursday	/ /					
Friday	/ /					
Saturday	/ /					
Total Hours Worked						

Contractor

I confirm the above hours are true and correct.

Client

I authorise the above hours worked are correct and I accept and acknowledge receipt of Labor Force Terms of Business.

Contractor's Name

Manager's Name

Contractor's Signature

Manager's Signature

Client and Contractor signatures are deemed as acceptance of our Terms of Business

NB: If timesheets are not signed and received by 9am Monday, payment will not be made.