



# APS PERSONNEL – TIMESHEET



Name:	Contact Phone No. (Bus Hrs):
Period Ending (Wednesday):	Position Held:
Company Name:	Department:
Company Address:	To be returned to: <b>APS PERSONNEL SERVICE</b> Suite 2/9 Park Ave, COFFS HARBOUR NSW 2450 Phone: (02) 66 580 755 Fax: (02) 66 580 758
Reporting To:	

DATE	TIME	LUNCH	Job Description	Job Number	Activity	Total
	S					
	F					
	S					
	F					
	S					
	F					
	S					
	F					
	S					
	F					
	S					
	F					
	S					
	F					
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Timesheets **must** reach APS Personnel before **5.30pm Wednesday** of each pay week. Timesheets **must** be signed by both Client & Employee. Ensure that both the employer and the employee keep a copy of this document.

**Client Authorisation:**  
Please sign this form to verify the details shown on this Timesheet are true and correct and that the work was performed in a satisfactory manner in accordance with the terms and conditions outlined.

**Clients Name (Please print)**  
.....  
**Signature** .....

**Employee Authorisation:**  
I certify that the details shown on this form are true and accurate and no injuries were sustained, by me, during this assignment. I also understand that I am paid in accordance with the appropriate Award as stated in the Casual Employee Declaration.

**Employees Name (Please print)**  
.....  
**Signature** .....

OFFICE USE ONLY	
ORD HRS	
X 1.5	
X 2	
TOTAL	
Allowances	
Total Billed	