



APS Personnel
Suite 2/9 Park Ave
COFFS HARBOUR NSW 2450

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APS Personnel Weekly Timesheet

Employee:

Position Held:

Week ending:

Department:

Company Name:

Employee Phone:

Company Address:

Report to:

Day	Date	Job Number	Start	Lunch	Finish	Total Hours	Regular Hours	Overtime Hours 1.5	Double Time	Other	Total
Thursday											
Friday											
Saturday											
Sunday											
Monday											
Tuesday											
Wednesday											
TOTAL											

OFFICE USE ONLY

*Timesheets **must** reach APS before **5.30pm** Wednesday of each pay week. Timesheets **must** be signed by both Client and 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.

Client's Name (Please Print).....

Client Signature.....

Temporary 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 Temporary Employee Declaration.

Employee Name (Please Print)

Employee Signature.....