

Time Sheet



Temporary Employee Name: _____

Host Employer: _____

Week Ending: _____

Address: _____

Day/Month	Time Commenced	Time Finished	Meal Breaks	Total Hours	Hours Worked					
					NT	T 1/2	DT	PH	Day/Afternoon	Night Shift
Mon /										
Tue /										
Wed /										
Thu /										
Fri /										
Sat /										
Sun /										
Total Hours										

Client to Complete

Please sign this form to verify that the hours stated are correct and the work performed in a satisfactory manner.

Authorised Client Signature:

Signature: _____

Name: _____

Position Held: _____

Note:

Temporary staff are supplied in accordance with MADEC Labour Hire Service Terms of Business

Authorised Expenses / Allowances

Date	Details	Klm	Rate	Total (\$)

Note: Wages cannot be paid until a time sheet has been signed by the temporary employee and our client and submitted to MADEC prior to each Tuesday

Temporary Employee Declaration:

- I have worked the stated hours
- I have not sustained any injuries during the above shift
- I have sustained an injury during the above shift and I have reported this to my supervisor

Please fax to your relevant Branch

Renmark: (08) 85863277

Mildura: (03) 50220524

Swan Hill: (03) 50330026

Temporary Employee's Signature

Date: _____

OFFICE USE ONLY

Pay Rate Calculation

Type	Hours	Temporary Employee Rate
Normal Time		
Time and a Half		
Double Time		
Public Holiday		
Shiftwork		
Allowance		

Comments:
