



NAME: _____
GIVEN NAME

_____ SURNAME

ADDRESS: _____

Level 1, 85 Queen Street
 Melbourne
 Ph: (03) 9642 1717
 Fax: (03) 9642 1727
 Web: www.i-People.com.au

POSITION IN COMPANY	ADDRESS
CLIENT/HOST EMPLOYER	
SPECIAL PROJECT	WEEK ENDING SATURDAY / /

DATE	DAY	START TIME HRS:MIN	END TIME HRS:MIN	MEAL BREAK HRS:MIN	TOTAL HOURS WORKED	OFFICE USE ONLY			
						ORD	1.5X	2.0X	2.5X
/ /	SUNDAY	:	:	:					
/ /	MONDAY	:	:	:					
/ /	TUESDAY	:	:	:					
/ /	WEDNESDAY	:	:	:					
/ /	THURSDAY	:	:	:					
/ /	FRIDAY	:	:	:					
/ /	SATURDAY	:	:	:					
IS YOUR ASSIGNMENT CONTINUING NEXT WEEK?				YES/NO	TOTAL PAID				
ALLOWANCES/REIMBURSEMENTS/OTHER REQUIREMENTS									

I VERIFY THAT THE ABOVE RECORD IS TRUE AND CORRECT AND THAT I HAVE NOT SUSTAINED ANY WORK RELATED INJURIES

SIGNATURE OF TEMPORARY WORKER _____ DATE / /

I AUTHORISE THAT THE ABOVE HOURS ARE TRUE AND CORRECT AND AGREE TO THE TERMS AND CONDITIONS PROVIDED BY IPEOPLE

AUTHORISED SUPERVISOR'S SIGNATURE _____ DATE / /

**PLEASE FAX TIMESHEET TO ENTITY SOLUTIONS ON
 (03) 9606 0166 BY 10 AM MONDAY**

OFFICE USE ONLY				
DAYS	ORD	1.5	2.0	2.5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>