NAME:

GIVEN NAME

SURNAME

ADDRESS:

Level 13, 200 Queen Street
Melbourne 3000
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 FRIDAY / /2010

DATE	DAY	START TIME HRS:MINS	END TIME HRS:MINS	MEAL BREAK HRS:MINS	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 HOURS:**					

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 NAME (PRINT)

AUTHORISED SUPERVISOR'S SIGNATURE DATE / /

PLEASE SCAN AND EMAIL TIMESHEET TO
Jacquelyn.Gonsal@i-People.com.au
BY 10 AM MONDAY