TIMESHEET



This Timesheet is the record of the work you have completed. Please ensure this is signed by your Supervisor and Submitted by 10:00 AM every Monday, via Email.

Name:	Client Name: Supervisor:						
Position:							
	DATE	START	BREAK	FINISH	SHIFT D/N	TOTAL	OTHER – INDUCTIONS / TRAVEL ETC
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					TOTAL HOURS:		
otes / Des	cription of Wo	rk					

Employee

By completing this Timesheet, I confirm that I have worked the hours stated, and that no injuries or incidents have occurred (that **Exclusive Labour Services** are not aware of at the time of signing). I also confirm that there has been no change to my scope of work, which I have been assigned to complete.

Print Name

Signature

Client / Supervisor Authorisation

I confirm that the above hours are true and correct, free from incident or injury not otherwise mentioned. The above-named candidate has performed the required duties to our satisfaction.

Print Name

Signature

Timesheets must be Authorised with your Supervisor's Name & Signature.

Submit Authorised Timesheets via Email before **<u>10:00 AM every MONDAY</u>** for processing.

to: <u>accounts@exclusivelabourservices.com</u> cc: <u>recruitment@exclusivelabourservices.com</u>