

Timesheet

Fax to: Laverton 03 9360 0455 or Campbellfield 03 9359 1611

Email: timesheets@flexipersonnel.com.au

Casual Employee Authorisation									Host Employer Authorisation		
Name:										Name:	
Day	Date	Start Time			Total Hours	Flexi Use Only				Location:	
						T	T ½	D.T.	D.T. ½	Reporting To:	
Mon											
Tues										Order No.:	
iues										Authorisation:	
Wed											company, I acknowledge that the work has
Thurs										been performed d agree to the busin	uring these hours, to our satisfaction and ess terms and conditions of Flexi Personnel.
Fri										Signature:	
Sat										signature.	
Sun										Date:	
Total hours for this week:									* Please check carefo	ully before signing as this timesheet will form the	
Casual	Emplo	yee Ce	rtificati	on: I ve	rify that t	these hou	urs are	true and	correct.	<u> </u>	
										Confirmation	Flexi use only (initials)
Signati	ure:						Date:			1st:	
Note: Wages may not be paid without both signatures. If time first working day of each week, you should fax a copy to the Fle						the Flexi	office n	o later the	n 9.00am	2nd:	
on the second working day. Pay day will be the fourth working day and paid direct into your specified bank account.								Payroll			