

WEEKLY TIME SHEET

Interlink Management Services Pty Ltd

Time Sheet for Week Ending ____/____/____

Name: _____

Host: _____ **Supervisor:** _____

Casual Position: _____

	Date	Start	Finish	Grade	Less Meals	Total Hours
Saturday						
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
<i>TOTAL HOURS (to the nearest 6 min block)</i>						

Signature of Employers Supervisor: _____

Date: _____

Comments:

Employee Certification

I have worked the above hours and in this time no accidents or incidents were sustained

Signature of Employee: _____

Date: _____

Note: Wages will not be paid until you and the client have signed a time sheet

Not later than 10.00am each Friday

Fax - 4954 0377

