

Company:

ABN: 78 215 537 816 Ph: (02) 8221 0553 Fax: (02) 8221 0560

Temp Name:

## Temporary Weekly Time Sheet

| Wook Ending   | o:                         |  |                      |   | Nant:         |                     |                |              |
|---|----------------------------|--|----------------------|---|---------------|---------------------|----------------|--------------|
| Week Ending:  |                            |  |                      |   | Dept:         |                     |                |              |
| Temp Job Title:   |                            |  |                      |   | Reports To:   |                     |                |              |
|   |                            |  |                      |   |               | Office use          | only           |              |
| Day   | <b>Start</b><br>Eg 8:30 am | Meal Break<br>From / To                                | Finish<br>Eg 5:30 pm | <b>Gross</b><br>Total Hrs -<br>meal break | Normal        | Time & 1/2<br>Hours | Double<br>Time | Meals<br>Etc |
| Sunday  |                            |  |                      |   |               |                     |                |              |
| Monday  |                            |  |                      |   |               |                     |                |              |
| Tuesday   |                            |  |                      |   |               |                     |                |              |
| Wednesday   |                            |  |                      |   |               |                     |                |              |
| Thursday  |                            |  |                      |   |               |                     |                |              |
| Friday  |                            |  |                      |   |               |                     |                |              |
| Saturday  |                            |  |                      |   |               |                     |                |              |
| WEEKLY TOTALS   |                            |  |                      |   |               |                     |                |              |
|   |                            |  |                      |   |               |                     |                |              |
| NB: If your o   | duties or lo               | ged from the or<br>cation have char<br>nuina next week | nged please o        | contact us in                             | nmediately or | n 8221 0553.        | e same locati  | ion.         |
| This assignment is continuing next week (please circle) |                            |  |                      |   | YES N         | 10                  |                |              |
|   |                            |  |                      |   |               |                     |                |              |
| Temporary Signature:                                    |                            |  |                      |   | Date:         |                     |                |              |
| I the client acknowledge Enigma HR Terms of Business    |                            |  |                      |   | YES NO        |                     |                |              |
| Signature by Client:                                    |                            |  |                      |   | Date:         |                     |                |              |
| Name of Client Signatory:                               |                            |  |                      |   | Position:     |                     |                |              |
|   |                            |  |                      |   |               |                     |                |              |