

Time Sheet

Please submit authorised time sheet by Friday 5.30pm

Host Employer email form to: admin@paceappointments.com.au

Host Employer:			I	Location:			State:	
On-Hire Worker: First name		: Last name:						
On-Hire Worker email:		Assignment Position:						
Report to (name):		Report to (email):						
Week Beginning Date:		▼ NOTE: W	leek Beginning Do	ate MUST b	e a Monday	/		
ı	Date	Start Time (AM)	Finish Time (PM)				Total Net Hours (Excluding Lunch)	
First enter Week Beginning Date above		e.g. 9:00 am	e.g. 5:00 pm	e.g. 00:30		HOURS MINUTE		MINUTES
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Calcula								
Saturday								
Sunday		_						
			IOIAL	HOURS W	ORKED			
CLEAR FORM	SEND TO Y	OUR MANAGER	OFFICE	USE ONL	Y			
Host Employer to co	omplete							
CLIENT AUTHORISATION								
 I understand and accept related entity or related the last On-Hire assignn Schedule of Fees, will be 	corporation on the contraction of the contraction o	or any third party r will be bound by us.	referred by us, with your Terms of Bus	hin twelve n siness and a	months of the fee, as sho	ne date of co own in your	mpletion	
I understand that I am re perform alternative dution have not been agreed to	es, duties at a	a different site or v	when there are sig	nificant cha				te that
ON HIRE WORKERS PL Total Net Hours must b ALL changes to a signe	e filled in and	d signed off by a			hanges by	the company	y represer	ntative.
Host employer: By signing	below confi	rms that the abov	ve named on-hire	worker has	worked:	Hou	rs	Minutes
Host Employer name:				Position/Title:				
Signature: 🐹 (Use Sign Tool)						Date	n:	
All On-Hire workers are ass will not accept liability for a negligence or lack of skills	ny errors, exp	oense, loss, dama						luct,

SUBMIT AUTHORISED TIME SHEET

