

Weekly Timesheet

Email: timesheets@whogroup.com



ONE TIMESHEET FOR EACH WORKSITE

ALL SIGNED & AUTHORISED TIMESHEETS MUST BE IN BEFORE 12 PM MONDAY

EMPLOYEE NAME:	
COMPANY NAME:	
SITE LOCATION:	
JOB NUMBER:	
WEEK ENDING:	

	DATE	START	30 MINUTE BREAK	FINISH	TOTAL	DAILY SIGNATURE	SITE NOTES
MONDAY			YES / NO				
TUESDAY			YES / NO				
WEDNESDAY			YES / NO				
THURSDAY			YES / NO				
FRIDAY			YES / NO				
SATURDAY			YES / NO				
SUNDAY			YES / NO				

Please circle **NO** if you have not taken a lunch break, and **YES** if you have taken a lunch break.

If your lunch break is not clearly marked, 30 minutes will be deducted.

EMPLOYEE AUTHORISATION	COMPANY AUTHORISATION
<i>I certify that the above hours are correct and no injuries have been sustained. I agree that any payment due to me may be adjusted for overpayment or underpayment made in a prior period. I understand that payment will not be made unless the client (Supervisor) has signed this timesheet and it is received by Who Group before MONDAY AT 12PM.</i>	<i>I verify that the hours stated are correct and no injuries have been sustained, and that the quality of work is satisfactory to be invoiced for. By signing this timesheet I agree to Who Group's current terms of business, (a copy of which can be sent if required).</i>
EMPLOYEE NAME:	SUPERVISORS NAME:
EMPLOYEE SIGNATURE:	SUPERVISORS SIGNATURE:

TIMESHEETS WITHOUT SUPERVISORS SIGNATURE WILL NOT BE ACCEPTED

Who Group P/L

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Who knows you.