

flexiforce

time sheet

Phone (02) 4869 5505

PO Box 1148 MOSS VALE NSW 2577

Employment and Labour Hire Consultants

email to: timesheets@flexiforce or fax to: (02) 4868 1051

by close of business each Monday afternoon

Host Employer _____

Supervisor's name _____

Employee Name _____									FFA office use only <input type="checkbox"/> Jup <input type="checkbox"/> WR <input type="checkbox"/> Chkd
Day	Date	Start Time	Finish Time	Unpaid Breaks	Ord-time	Time & 1/2	Double Time	Total Paid	Supervisors Signature
Mon									
Tue									
Wed									
Thu									
Fri									
Sat									
Sun									
Totals									

Employee Name _____									FFA office use only <input type="checkbox"/> Jup <input type="checkbox"/> WR <input type="checkbox"/> Chkd
Day	Date	Start Time	Finish Time	Unpaid Breaks	Ord-inary	Time & 1/2	Double Time	Total Paid	Supervisors Signature
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Thu									
Fri									
Sat									
Sun									
Totals									

ATTENTION SUPERVISOR

As the representative of the host employer your signature indicates the following:

1. You have checked all details as being correct.
 2. You are satisfied with the work performed and you acknowledge your obligation to make payment at the agreed rates.
- Should you be dissatisfied with the work performed please immediately contact the office of flexiforce on the above number.