

## CRT TIMESHEET

<b>EMPLOYEE NAME:</b>						<b>WEEK ENDING:</b>			
<b>COMPANY NAME:</b>									
<b>COMPANY ADDRESS:</b>									
<b>ROLE UNDERTAKING:</b>									
<b>DEPARTMENT:</b>						<b>SUPERVISOR NAME:</b>			
<b>DAY</b>	<b>DATE</b>	<b>START</b>	<b>BREAK</b>	<b>FINISH</b>	<b>½ DAY</b>	<b>Full Day</b>	<b>OFFICE USE ONLY</b>		
SUN									
MON									
TUES									
WED									
THURS									
FRI									
SAT									
TOTAL									
<b>OFFICE USE ONLY</b>									

### EMPLOYEE AUTHORISATION

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 GBS **before 10:00am Monday** morning.

### COMPANY AUTHORISATION

I verify that the hours stated are correct and no injuries have been sustained. By signing this timesheet, I agree to GBS Recruitments' current terms of business, (a copy of which can be sent if required).

EMPLOYEE NAME:	SUPERVISOR NAME:
EMPLOYEE SIGNATURE:	SUPERVISOR SIGNATURE:
DATE:	DATE:
COMMENTS:	IS THE POSITION CONTINUING NEXT WEEK    Y <input type="checkbox"/> N <input type="checkbox"/>

Please email this form to [accounts@gsbreruitment.com.au](mailto:accounts@gsbreruitment.com.au)  
 before **10.00am Monday morning**