WA | QLD | NT | NSW | TAS

Timesheets: admin@techforce.com.au
Enquiries: wapayroll@techforce.com.au

SA

Timesheets & Enquiries: payroll@techforce.net.au





Week Ending:

Candidate Name:					Company Name:				
Position:					Site:				
Assignment Continuing: Yes No					Purchase Order Number:				
Consultant:									
Working Day	Shift Day / Night	Date		Start Time (24hr format)		Lunch Break	Finish Time (24hr format)	Total Hours per day	
Example	D	DD / N	1M/YY	06:	00	30 minute	s 18:00	11.5	
Monday		/	/	:		minute	s :		
Tuesday		/	/	:		minute	s :		
Wednesday		/	/	:		minute	s :		
Thursday		/	/	:		minute	s :		
Friday		/	/	:		minute	s :		
Saturday		/	/	:		minute	s :		
Sunday		/	/	:		minute	s :		
					Total Hours to be processed:				
Candidate Declaration:				Clie	Client Declaration				
l acknowledge that I was inducted bu the Client and that the hours stated above are a correct reflection of the hours I worked. I further advise that I was not involved in any incident or injury that hasn't already been reported to Techforce Personnel.				and that t	By signing this form, I verify that the hours stated are correct and completed to satisfaction, and that the worker has not been involved in any incident or injury that hasn't already been reported to Techforce Personnel. I also acknowledge that this is deemed as acceptance of the Techforce Personnel Pty Ltd Terms of Business.				
Name :				Name :	Name :		Position :		
Signature :				Signatu	Signature :				
Date :				Date :	Date :				