

Temporary Contractor Timesheet



Contractor Name: _____

Contractor Signature: _____

Client Name: _____

Date: _____

State Contractor Working In: NSW QLD SA VIC WA

DEADLINE FOR TIMESHEETS IS MIDDAY MONDAY

If you are prevented from performing your placement for any reason, you must contact Robert Walters prior to your normal starting time on the day of your absence to inform your consultant of your absence and expected return to work.

| Day | Date | Time Started | Time Finished | Break | Daily Hours Worked | | Meal Allow Payable Yes/No |
|--|------|--------------|---------------|---------------------|--------------------|----------|---------------------------|
| | | | | | Normal | Overtime | |
| Saturday | | | | | | | |
| Sunday | | | | | | | |
| Monday | | | | | | | |
| Tuesday | | | | | | | |
| Wednesday | | | | | | | |
| Thursday | | | | | | | |
| Friday | | | | | | | |
| (Any alterations must be initialled by the Supervisor) | | | | Weekly Total | | | |

AUTHORISED SUPERVISOR TO COMPLETE

Please ensure hours are correct before signing

Approved By (Printed Name): _____

Signature: _____

Date: _____

Ensure all details are completed prior to faxing.

**Fax timesheets to 03 9602 5332 or 1800 882 233 or
E-mail to melbournepayrolltimesheets@robertwalters.com.au**

To contact the Robert Walters Payroll Department by phone- 1800 248 118 or 03 8628 2100.