



## TEMP TIME SHEET

Temp Name: ..... Week Ending: .....

Day	Date	Time Started	Time Finished	Gross Hours Worked	Breaks (hours & minutes)	Net Hours Worked
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
<b>Totals</b>						

Please complete your timesheet at the end of each day and total your hours at the end of each week (**rounding up/down to the nearest 15 minutes**). Please ensure the time sheet has been signed by you and authorised by the client before **returning it to our office via email before close of business each Friday**. Should you be unable to return your timesheet for any reason, please notify **Caitlin Mios** – 9533 8164

**Please e-mail timesheets to: [caitlin@buxtonpratt.com.au](mailto:caitlin@buxtonpratt.com.au)**

Temp Signature: .....

Company Name: .....

Client Name: .....

Client Signature: .....

Office Use only – Client invoice No.: .....