

Employee/Contractor Name:

Office Use Only

| Employee to Complete | | | | | | | | Client to Complete | | | | |
|----------------------|------|------------------|-------------|------------|-------------|--------------|--------|-----------------------|----------------------|---|--|--|
| Day | Date | Job site address | Client Name | Start Time | Finish Time | Hours Worked | Breaks | Supervisor Print Name | Supervisor Signature | Are you happy with work performed? POOR / OK / GREAT | | |
| Mon | | | | | | | | | | | | |
| Tue | | | | | | | | | | | | |
| Wed | | | | | | | | | | | | |
| Thu | | | | | | | | | | | | |
| Fri | | | | | | | | | | | | |
| Sat | | | | | | | | | | | | |
| Sun | | | | | | | | | | | | |

Instructions:

1. Have your supervisor check, sign & initial your time sheet **everyday**
2. **You must submit this timesheet daily to your allocation in ASSIGNAR**
3. Please use ASSIGNAR to submit the timesheet only
4. Please use capital letters only
5. Contact your account manager to confirm if needed

Client

Client Authorizations verify that the hours are correct and the work performed was carried out to our satisfaction. I understand that all Temporary staff are supplied in accordance with your Terms and Conditions. I am an authorised representative of the company and accept Perfect Contracting terms of business

| | |
|--------------------|-------------------|
| Total Hours | Supervisor |
|--------------------|-------------------|