



Timesheet #: _____

Office use only

Name of temporary: _____

Name of company: _____

State: NSW VIC QLD

[Timesheets must be received by 6pm Friday]

Week ending Sunday:

Date	Day	Start time hours:mins	Finish time hours:mins	Break	Start time hours:mins	Finish time hours:mins	Total hours
	Mon						
	Tues						
	Wed						
	Thurs						
	Fri						
	Sat						
	Sun						
Total hours:							

Client Authorisation

Signature signifies compliance with PKL's Terms of business and acceptance of hours to be charged including overtime and other penalties according to the relevant State award.

A permanent placement fee is payable to PKL should a temporary be placed permanently on your staff within a period of twelve months from the completion of the last assignment.

Client name: _____

Client Signature: _____

Title: _____

Department: _____

Assignment continuing: Yes No

Temporary available for work next week: Yes No

Fax to: (02) 92325990
Email to: payroll@pkl.com.au