

EMPLOYEE			EMP No.	CLASSIFICATION		CLIENT	SITE
DAY	DATE	Time Start	Break Start	Break Finish	Time Finish	TOTAL HOURS	Employee Signature
MON							Client Signature
TUE							
WED							
THU							Client Name (Print)
FRI							
SAT							
SUN							
Meal Breaks ½ hr plus - Unpaid		Breaks must be in 15 min Blocks		Total Hours		OH&S Site Specific Induction Completed	
Rest Breaks less than ½ hr - Paid						<input type="checkbox"/> YES <input type="checkbox"/> NO	

WHITE - Client Copy

YELLOW - VIP Payroll Copy

BLUE - Employee Copy



V.I.P. Personnel
A.B.N. 32 007 272 451

FAX 03 9650 6959
CASUAL HOTLINE 03 9650 9030
RECEPTION 03 9650 9206
EMERGENCY MOBILE 0419 359 032

TIMESHEETS MUST BE SIGNED AND RETURNED OR FAXED TO VIP OFFICE BY 9AM MONDAY MORNINGS

NOTE: 1. Please check the hours stated are correct as items will appear on your invoice. 2. Refer to our terms and conditions

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