



DIRECT SKILLS PTY LTD

P 1300 130 053 F 1300 131 703
 ABN 99 097 443 653

TIMESHEET NO:

Employee Name:

Please advise Direct Skills Payroll (in writing) if your banking or address details have changed since your last timesheet.

Week Ending (Friday):

Client Name:

Site Address:

Supervisor:

Supervisor Phone:

Clients Please Note:

By signing this timesheet you verify that the information shown is correct and that you will be invoiced accordingly.

Employees Please Note:

Ensure that the Client / Supervisor has signed for each day you worked at their site. Please advise Direct Skills immediately should there be any changes or concerns with your job assignment.

DATE	DAY	CLASSIFICATION	START TIME	BRK	FINISH TIME	TTL	OFFICE USE ONLY							DAILY SUPERVISOR SIGNATURE	
							NT	T 1/2	DT	TRVL	MEAL	CRIB	OTHR		
	SAT		AM PM		AM PM										
	SUN		AM PM		AM PM										
	MON		AM PM	0.5	AM PM										
	TUE		AM PM	0.5	AM PM										
	WED		AM PM	0.5	AM PM										
	THU		AM PM	0.5	AM PM										
	FRI		AM PM	0.5	AM PM										
TOTAL															

PLEASE FAX TIMESHEETS TO DIRECT SKILLS BY 5PM MONDAY ON 1300 131 703

I hereby declare that this timesheet is accurate and understand that fraudulent submission of timesheets is illegal. I confirm that, for work undertaken on the above dates, I have notified Direct Skills of my involvement with any on-site incidents, accidents or near-misses.

Employee Signature: