



calibratecontracting



Level 1, 1 Chandos St, St Leonards, NSW 2065
Phone: (02) 9431 6500 Fax: (02) 9901 3811
Email: info@calibrate.com.au
www.calibrate.com.au

Fax to: +61 (2) 9901 3811

TIME SHEET- 2 weeks ending/..../.....(date)

Contractor/Business name: _____

Client Company Name: _____

	Sat.	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	TOTAL hrs/ wk
Week 1	Start	Start	Start	Start	Start	Start	Start	
	End	End	End	End	End	End	End	
	Hours	Hours	Hours	Hours	Hours	Hours	Hours	
Week 2	Start	Start	Start	Start	Start	Start	Start	
	End	End	End	End	End	End	End	
	Hours	Hours	Hours	Hours	Hours	Hours	Hours	
TOTAL								
TOTAL FOR 2 WEEKS								

CONTRACTOR CERTIFICATION:

1. I have worked the above hours
2. Wages cannot be paid until a timesheet has been signed by you and the client and received by Calibrate Recruitment.
3. There have been no changes or incidents in relation to OH&S in this period.

Contractor signature _____

Print Name: _____

CLIENT AUTHORISATION:

Please sign to verify:

1. That the hours stated are correct
2. That the work was performed to your satisfaction
3. You have read, understand and accept Calibrate's terms and conditions
4. There have been no changes or incidents in relation to OH&S in this period.

Client signature _____

Print Name and Position: _____

Please fax your timesheet through prior to close of business on the Friday preceding the scheduled pay date.



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we've got the people