



Temporary Contractor Timesheet

Contractor Name: _____
 Contractor Signature: _____
 Client Name: _____
 Weekending Date: _____

**TO ENSURE PAYMENT AND QUALIFICATION FOR QFF POINTS
PLEASE FAX TIMESHEETS TO (02) 9251 6146 OR
EMAIL A SCANNED VERSION TO: info@charterhousemedical.com**

DEADLINE FOR TIMESHEET IS TUESDAY 12PM

Day	Date	Time Started	Time Finished	Break	Daily Hours worked		Comments
					Normal	Overtime	
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
(Any alterations must be initialled by the Supervisor)				Weekly total			

AUTHORISED SUPERVISOR TO COMPLETE

Please ensure hours are correct before signing

Approved By: _____
 Signature: _____
 Date: _____

PLEASE ENSURE ALL DETAILS ARE CORRECT PRIOR TO FAXING