

# CHEFNET STAFF TIME SHEET

PLEASE FAX TIME SHEET TO 96877860 BY MIDDAY TUESDAY

Employee (Your) Name: \_\_\_\_\_

Site Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

Reporting To: \_\_\_\_\_

Week End: \_\_\_\_\_ Email address for payslip: \_\_\_\_\_

DAY	DATE	POSITION	SHIFT START	BREAK START	BREAK FINISH	SHIFT FINISH	TOTAL HOURS
MON							
TUE							
WED							
THU							
FRI							
SAT							
SUN							

TOTAL HRS \_\_\_\_\_

I certify that the hours shown above are correct.

**Employee Signature:** \_\_\_\_\_

Note: Subject to timesheets being received by Chefnet by 4.00pm Tuesday, wages will be paid the following Wednesday of each week. Wages cannot be paid unless we are in possession of an authorised time sheet.

## Client Authorisation

I verify that the hours listed are correct and the work has been performed to my satisfaction. I understand that a temporary staff are supplied in accordance with Chefnet's Terms and Conditions with payment due seven (7) days from date of invoice.

**Client Signature:** \_\_\_\_\_ **Name Printed:** \_\_\_\_\_

**Client Comments:** \_\_\_\_\_