

Temporary Assignment Timesheet

Timesheets must be faxed to 9221 7630 by 6pm Friday

Name: _____ Signature: _____

Assignment Company Name: _____

Week Ending Date: Friday ____ / ____ / 2008

Is this assignment continuing next week? Yes / No (please circle)

Employee Certification: I hereby confirm that the duties which I have performed at the above mentioned company in the period indicated in this "Timesheet Record" were solely the duties which were assigned to me by Challenge Consulting Australia Pty Limited (hereafter referred to as "Challenge") during my initial briefing by Challenge. I declare that I have not had any changes to my hours and / or duties during this period. In the event that I am requested in the future to perform duties other than those duties assigned to me by Challenge, I will immediately inform my Challenge contact to seek permission and will not perform the new duty unless with the express permission of my Challenge contact. I confirm that I have reported all incidents, injuries and near-miss incidents which I have witnessed (whether or not the incident occurred to myself or another person) to my Challenge contact as soon as was reasonably practicable for me to do so. By signing above I confirm I have worked the hours identified here.

Record the dates and hours worked this week, including your lunch breaks:

Day	Date	Time Start	Time Finish	Less Lunch	Hours Worked	Overtime Hours ***	Office Use Only
Sat							
Sun							
Mon							
Tues							
Wed							
Thurs							
Fri							
				Total (to nearest ¼ hour)			

Client Timesheet Authorisation:

I verify that the hours stated are correct and the work has been performed in a satisfactory manner. I understand that temporary staff members are supplied in accordance with Challenge Consulting Australia Pty Limited Terms of Business.

*** I also approve the **Overtime Hours** recorded above, if applicable (see below for more information regarding overtime).

I understand that temporary staff invoices are **delivered via email** - I will retain a copy if this timesheet if required.

Name: _____ Title: _____

Signature Approving Hours Worked and Overtime (if applicable): _____

***** How Overtime is Calculated:**

- Hours worked **after** 38 hours in a week, **and/or after** 8 hours in a day **and/or after** 6.00pm are overtime.
- Each day, overtime at time and a half applies to the first 2 hours of overtime worked, and double time applies thereafter.**
- Saturday: If the temporary has worked 38 hours in the just completed week - the first 2 hours are charged at time and one half and the remainder at double time.
- Sunday: All hours worked are charged at double time.
- A meal allowance is paid to the temporary staff member and charged to you if the temporary staff member works past 6.00pm and again after 10.00pm in any one day.