



Perfect Contracting Pty Ltd  
 ABN 64 146 651 453  
 4-8 Lilian Fowler Place Marrickville NSW 2204  
 Fax: (02) 9517 1555  
 Phone: (02) 80211784 or 1300737332

Employee/Contractor Name: \_\_\_\_\_

Office Use Only
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Employee to Complete								Client to Complete				
Day	Date	Job site address	Client Name	Start Time	Finish Time	Hours Worked	Breaks	Supervisor Print Name	Supervisor Signature	Are you happy with work performed? POOR / OK / GREAT		
Mon												
Tue												
Wed												
Thu												
Fri												
Sat												
Sun												

- Instructions:**
1. Have your supervisor check, sign & initial your time sheet **everyday**
  2. You must submit this timesheet daily to your allocation in ASSIGNAR
  3. Please use ASSIGNAR to submit the timesheet only
  4. Please use capital letters only
  5. Contact your account manager to confirm if needed

**Client**

Client Authorizations verify that the hours are correct and the work performed was carried out to our satisfaction. I understand that all Temporary staff are supplied in accordance with your Terms and Conditions. I am an authorised representative of the company and accept Perfect Contracting terms of business

<b>Total Hours</b>	<b>Supervisor</b>
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