

EMPLOYEE:	
SITE:	
CLIENT:	
ADDRESS:	



DAY	DATE	TIME IN	TIME OUT	LUNCH	ORD HRS	1 ½ HRS	2 HRS	ALLOWANCES			
								SITE	MEAL	TOOL	TRAVEL
MON											
TUE											
WED											
THU											
FRI											
SAT											
SUN											
TOTAL											

The Client acknowledges and agrees that it is bound by Action Staff's Terms and Conditions and any amendments made to them. The Client further Agrees And acknowledges that it has been provided with a copy of the Terms and Conditions. Additional copies of these documents are available upon request in writing.

ABN: 65 010 902 619

**94 Balham Road Archerfield
PO BOX 233 SALISBURY QLD 4107
EMAIL: action@actionstaff.com.au**

**PHONE: (07) 3277 7777
FAX: (07) 3277 0536**

PLEASE FAX NO LATER THAN 1 P.M. MONDAY

Week Ending Sunday _____ / _____ / _____

Employee Signature

Client Approval Signature

Continuing Next Week

Yes

No