

CLIENT COMPANY:	
ADDRESS:	
	DEPARTMENT:
REPORT TO:	START TIME:

SEVABU PTY LIMITED
T/AS PENRITH PERSONNEL

ABN 14 003 410 204
ACN 003 410 204



WEEK ENDING SATURDAY

SUITE 24 "BROADWALK"
470 HIGH STREET PENRITH 2750
PO BOX 568, PENRITH 2751
PHONE: 02 4731 2807
FAX: 02 4721 3125
mail@penrith-personnel.com.au

DAY	DATE	START	MEAL BREAK		FINISH	HOURS WORKED
			FROM	TO		
SUN						
MON						
TUE						
WED						
THU						
FRI						
SAT						

AUTHORISED EXPENSES(MEAL ALLOWANCE/OTHER)	
	TOTAL

REQUIRED BACK NEXT WEEK	YES	NO
Performance	1	2
	3	4
	5	
	Poor	Excellent

Notes/Comments:

EMPLOYEE
NAME:

This record of hours worked is correct and has been approved by an authorised employee of the Client Company. No injury has been sustained during the course of this week's work

SIGNED:	CLIENT
---------	---------------

As per Penrith Personnel's Terms & Conditions of Business and as an authorised employee of the above Client Company, I confirm that this record of hours worked is correct and that the temporary employee performed required duties satisfactorily. I am not aware of any injury sustained by the employee during the hours of work confirmed by this timesheet.

AUTHORISED BY:
SIGNED:
PLEASE FAX TO PENRITH PERSONNEL BY 9AM MONDAY