



Expect A Star
depend on us

Temporary Employee Timesheet

Timesheets must be submitted by 10am Monday

Please fax your timesheet to **1300 364 844**

or email **payroll@expectastar.com.au**



NSW

Employee name: _____ Week ending: ___ / ___ / ___
(First) (Last) (Sunday)

Circle the days you are NOT available for work next week: Monday Tuesday Wednesday Thursday Friday

	Centre name	Start	Finish	Unpaid Break	Hours Worked	Client Name	Client Signature
<i>Example</i>	XYZ Child Care	09 : 30	05 : 00	00 : 30	07 : 00	Jane Citizen	<i>Jane Citizen</i>
Monday		:	:	:	:		
Tuesday		:	:	:	:		
Wednesday		:	:	:	:		
Thursday		:	:	:	:		
Friday		:	:	:	:		
Saturday		:	:	:	:		
Sunday		:	:	:	:		
Total Hours					:		

Employee signature: _____ Date: ___ / ___ / ___

TEMPORARY EMPLOYEE AGREEMENT: I agree that the hours shown above were completed by me during the period indicated.

CLIENT AGREEMENT: I certify that the hours indicated above were completed by the Temporary Employee and performed to my satisfaction. The client signature indicates compliance with the Expect A Star Terms of Business.

ALL TEMPORARY EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING THEIR OWN TIMESHEET

