



stockdalepersonnel.com.au

## Stockdale Personnel Employee Timesheet

### MELBOURNE

Level 3, 17-27 Cotham Rd, Kew VIC 3101  
Phone (03) 9286 2777  
Fax (03) 9852 8800

### SYDNEY

Level 2, 430 Forest Rd, Hurstville NSW 2220  
Phone (02) 9580 3344  
Fax (02) 9585 8334

ABN 40 098 046 854

Company Name \_\_\_\_\_

Employee's Full Name \_\_\_\_\_

**PLEASE NOTE** In order to be paid, you must:

- 1) Fill in your hours worked and breaks taken every day;
- 2) Get the client to sign the timesheet for every day you have worked and
- 3) Fax or email your completed timesheet before 12 noon each Monday to ensure timely payment.

**Please fax or email timesheets before 12 noon each Monday to:**  
**MELBOURNE (03) 9852 8800 melbourne@stockdalepersonnel.com.au**  
**SYDNEY (02) 9585 8334 sydney@stockdalepersonnel.com.au**

DATE		POSITION	START TIME		FINISH TIME		TOTAL BREAKS HRS : MINS	TOTAL HRS WORKED HRS : MINS	CLIENT SIGNATURE *
MON			:	AM	:	AM	:	:	
				PM		PM			
TUE			:	AM	:	AM	:	:	
				PM		PM			
WED			:	AM	:	AM	:	:	
				PM		PM			
THU			:	AM	:	AM	:	:	
				PM		PM			
FRI			:	AM	:	AM	:	:	
				PM		PM			
SAT			:	AM	:	AM	:	:	
				PM		PM			
SUN			:	AM	:	AM	:	:	
				PM		PM			

### OH&S CHECKLIST

Have you previously had an OHS induction at this Company (Please circle)

Yes No

*(If you have circled "No", ask the client for an induction and complete the checklist below.)*

**Completion of a Worksite Health and Safety Induction** The following health and safety information has been provided to the Stockdale casual employee named on this timesheet:

Induction with First Aid Officer and location of first aid facilities

Yes N/A

Emergency evacuation and procedures/facilities explained

Yes N/A

Relevant health and safety policies and procedures

Yes N/A

Introduction of Safety Representative/Officer for consultation on health and safety

Yes N/A

Information on Potentially Hazardous Operations or Situations

Yes N/A

Location of Safe Working Instructions or Procedures

Yes N/A

Procedure for reporting hazards, unsafe situations, incidents or accidents

Yes N/A

Issuing of necessary safety gear and training in use

Yes N/A

I, the Employee, certify that the details shown are true and correct and that I worked the hours specified on this form/timesheet.

Employee's Sign \_\_\_\_\_

Date / /2017

\* I, the Client, certify that the details shown are correct and that the work was performed in a satisfactory manner. I have received and agreed to abide by Stockdale Personnel's Terms & Conditions of Business.

Client Representative Name: \_\_\_\_\_

Signed \_\_\_\_\_

Date / /2017