

Week Ending:

Employee Name:

Site:

Date	Day	Site address	Start Time	Break	Finish Time	Client Name	Supervisor Signature	Hours
	Mon							
	Tues							
	Wed							
	Thurs							
	Fri							
	Sat							
	Sun							
							<b>Total Hours</b>	

**Employee Declaration:** By signing this timesheet I am certifying that I have completed the hours stated, lunch breaks where taken have been deducted and that there were no injuries sustained or property damaged by me during the course of this work period.

**Employer Declaration:** This authorisation is in acceptance of Connect Oz Holdings Pty Ltd Terms of Business as provided to me and is declaration that I am duly authorised to confirm payments will be made on receipt of the respective invoice. Authorisation further confirms that all Connect Oz Holdings Pty Ltd candidates were site safety inducted, no injuries or incidents were made aware to me during this period and work was performed to our satisfaction. The client acceptance confirms the hours stated herein are correct and will reflect hours invoiced upon submission for wages payment by Connect Oz Holdings Pty Ltd.

Note: Please ensure that the Client signatures are present prior to sending this form and that the hours worked are completed.  
Please remember the cut off time for payment is Monday at 9am.  
Please email form to the following  
Email [TIMESHEETS@CONNECTOZ.COM.AU](mailto:TIMESHEETS@CONNECTOZ.COM.AU)