

## WEEKLY TIMESHEET

Employees Name - \_\_\_\_\_

Company / Organisation - \_\_\_\_\_

Department / Role - \_\_\_\_\_

**!! IMPORTANT !!**  
 Please email to our office:  
[timesheets@globesolutions.com.au](mailto:timesheets@globesolutions.com.au)  
 by 12:00pm Mondays

*\* Please ensure timesheets are complete \* \* Please enter time in 24 hour format \**

TIMESHEET												
Day	Date	Dept	Shift	Shift Start	Finish	Start	Finish	Start	Shift End	Sub Total	Total Hrs/Day	Supervisor Signoff
MON			Shift 1									
			Shift 2									
TUE			Shift 1									
			Shift 2									
WED			Shift 1									
			Shift 2									
THUR			Shift 1									
			Shift 2									
FRI			Shift 1									
			Shift 2									
SAT			Shift 1									
			Shift 2									
SUN			Shift 1									
			Shift 2									

Total Hrs/Week: \_\_\_\_\_

**CLIENT'S COMMENTS**

**EMPLOYEE'S COMMENTS**

**Employee Declaration**

I accept the conditions contained within my signed Employment Contract, and certify that the above worked hours are true and correct:

Print Name: \_\_\_\_\_ Signed: \_\_\_\_\_

**Client Declaration**

I understand that I have accepted the "Globe Workforce Solutions - Terms of Business" by engaging the above staff member, and authorise Globe Workforce Solutions to invoice our organisation for the above hours:

Print Name: \_\_\_\_\_ Signed: \_\_\_\_\_