

**Temporary Contractor Timesheet**

Contractor Name: \_\_\_\_\_  
 Contractor Signature: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Weekending Date: \_\_\_\_\_

**FAX TIMESHEETS TO (02) 9641 5127 OR  
 EMAIL A SCANNED VERSION TO: timesheet@charterhouse.com.au**

**DEADLINE FOR TIMESHEET IS MONDAY 5PM**

Day	Date	Time Started	Time Finished	Break	Daily Hours worked		Comments
					Normal	Overtime	
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
(Any alterations must be initialled by the Supervisor)				Weekly total			

**AUTHORISED SUPERVISOR TO COMPLETE**

**Please ensure hours are correct before signing**

Approved By: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

**PLEASE ENSURE ALL DETAILS ARE CORRECT PRIOR TO FAXING**