



EMPLOYEE NAME:			EMPLOYEE No.		CLIENT				JOB LOCATION		
DAY	DATE	Time START	Time FINISH	LUNCH BREAK	HRS ORD	HRS 1 1/2	HRS 2	HRS 2 1/2	TRAVEL	SHIFT	ALLOWANCES OR REMARKS
SUN											
MON											
TUES											
WED											
THUR											
FRI											
SAT											
OTHER WORKSITE THIS WEEK <input type="checkbox"/> YES <input type="checkbox"/> NO			TOTAL HOURS WORKED								CLIENT SIGNATURE
EMPLOYEE SIGNATURE				CHECKED BY TIS RECRUITMENT REP						CLIENT NAME	
NOTE: (1) Please check carefully that the hours stated are correct as items shown will appear on your invoice unless specifically quoted otherwise (2) Refer to our conditions of hire and terms of business											

TIS RECRUITMENT

Please fax to Kalgoorlie 9093 3331 or Perth 9527 4788 MUST BE IN BY 12 MIDDAY MONDAY