

Week Ending Sunday: _____ / _____ / _____

Temporary / Contractors Name: _____ Client Company: _____

Position: _____ Reporting To: _____

This Assignment is: Continuing Ending Department / Purchase Order No: _____

Day	Date	Start Time	Finish Time	Less Breaks	Total	Office use only			
						1	1.5	2	Other
Mon.									
Tues.									
Wed.									
Thurs.									
Fri.									
Sat.									
Sun.									

Please Calculate to the nearest 1/4 hour.
Meals are not paid time.

Weekly Total _____

Declaration
I declare that the above hours are true and correct and all duties were performed by me on this assignment.

Client Authorisation
The hours indicated above were completed by the Temporary/Contractor and performed satisfactorily. Engagement of temporary/contract staff provided by Mitalent Recruitment Group Pty Ltd constitutes an acceptance of our terms and conditions. Please note that a permanent placement fee will be charged if any temporary/contract employee introduced by Mitalent is employed by your organisation directly, or on a contract basis within 12 months of this date.

Temporary / Contractors Signature _____

Supervisors Name _____

Supervisors Title _____

Supervisors Signature _____