



**Aequalis Consulting Pty Ltd** ABN 98 105 098 931  
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Week Ending (Sunday): ...../...../.....

Assignment Status (Please Tick)

Continuing  Complete

Temporary Employee First Name: .....

Temporary Employee Last Name: .....

Company Name: .....

**Office Use Only**

Day	Date	Time started	Time Finish	Less break	Total hours	OT1	OT2
Mon							
Tues							
Wed							
Thur							
Fri							
Sat							
Sun							
<b>Total Hours for week</b>							

When recording hours worked, please use decimals NOT minutes (eg. 15 minutes = 0.25 hours).

Your **SIGNED** timesheet must reach us by **5pm Monday** in order for your pay to be processed

**FAX: (02) 8916-7660**

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**Temporary Certification:** I have worked the above hours and no injuries were sustained

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**Temporary's Signature:** .....

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**Client Authorisation:**

I certify that the hours stated above are correct, that the work was performed in a satisfactory manner and that I have read, understand and accept the Terms and Conditions of Business.

**Client Name (print) :** ..... **Client Title:** .....

**Client Signature :** ..... **Date :** .....

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NOTE: Temporary staff are supplied in accordance with Aequalis Consulting's Terms of Business. Should you or any of your affiliates employ a Aequalis Consulting Temporary, assigned currently or whose assignment was completed within the previous 12 months from the relevant date (either temporary or permanent) a permanent placement fee will apply, as per the Terms of Business.