



7 Help Street Chatswood NSW 2067
 Ph: 9411 2055 Fax 9411 1117
 www.coadys-personnel.com.au
 admin@coadys-personnel.com.au
 ACN 060 660 657 ABN 81 075 274 298

Your Name: _____

Company: _____

(Temp Employee)

Department: _____

Assignment Completed? _____ **Returning?** Yes No

POINTS TO REMEMBER

1. The completed time sheet is to be faxed on 9411 1117 to Coadys Personnel at the latest 9am Monday.
2. The faxed copy should be retained for your personal records
3. A copy should be left for the Coadys Client for their company records

		Time Started	Time finished	Less Lunch	Regular Hours	Overtime Hours
Sun	/	/	/			
Mon	/	/	/			
Tues	/	/	/			
Wed	/	/	/			
Thurs	/	/	/			
Fri	/	/	/			
Sat	/	/	/			
Total						

It is understood that temporary staff are supplied in accordance with Coadys Personnel's Terms of Business. Should we employ one of your temporaries currently with us, or with us in the previous twelve (12) months, a permanent fee is payable, as per Coadys Personnel's Terms and Conditions. Direct re-employment as a temporary attracts a temporary fee.

SUPERVISORS NAME _____

TEMPORARY EMPLOYEES SIGNATURE:

SUPERVISORS SIGNATURE _____
