

# TIMESHEET

Temp Employee Name	
Client Company	
Client Contact	
Position	
Address	

Is this Assignment:            Continuing                Finishing   

DAY	DATE	START	FINISH	LUNCH	TOTAL	1	1.5	2	TOTAL
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									

**Temporary employee’s signature certifies:**

- All information is true and correct
- No injuries were sustained in undertaking the work
- That they will not for a period of twelve (12) months following the completion of this assignment, seek or accept a direct offer to contract, temporary or permanent employment without first advising Linked Consulting.

**Signed** ..... **Date** .....

**Client’s signature certifies:**

- The hours shown are correct
- Acceptance of Linked Consulting’s Terms and Conditions of Business
- The provision by the client of a workplace that complies with Occupational Health and Safety legislation and is free of discrimination and harassment.
- Agreement that should a Client or any associate or subsidiary company appoint any member of our temporary staff directly, whether, on a temporary or permanent basis during or at any time within (12) twelve months after the completion of a temporary assignment, a fee will be payable, as per our Terms and Conditions of Business.

**Client Authorisation** .....

**Name/Position** ..... **Date** .....