

# TIMESHEET

**WEEK ENDING:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Sunday)

**Surname:** \_\_\_\_\_

**Payroll ID:** \_\_\_\_\_

**Given Names:** \_\_\_\_\_

**Position:** \_\_\_\_\_

Changed addresses since you last submitted a timesheet? Yes  No  If yes, please email your updated address to [payroll@dfp.com.au](mailto:payroll@dfp.com.au)

State Worked (please tick) VIC  NSW  ACT  QLD  SA  WA  NT  TAS

**Client Company:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Client Address:** \_\_\_\_\_

<b>FAX TO 1300 DFP PAY</b> ( 1 3 0 0 3 3 7 7 2 9 ) <i>Please use a 24 hour clock when completing your timesheet</i>							OFFICE USE ONLY				
DATE	DAY	START	LUNCH START	LUNCH FINISH	FINISH	TOTAL HOURS (MINUS LUNCH)	ORD	SHIFT	1.5	2	2.5
/	MON	:	:	:	:	:					
/	TUE	:	:	:	:	:					
/	WED	:	:	:	:	:					
/	THU	:	:	:	:	:					
/	FRI	:	:	:	:	:					
/	SAT	:	:	:	:	:					
/	SUN	:	:	:	:	:					
TOTAL HOURS AND MINUTES WORKED						:					

**CASUAL/CONTRACTOR**

I have worked the hours stated above and no injuries were sustained or caused by me during that time. I acknowledge the agreed terms and conditions signed by me apply.

Have there been any changes to your current assignment?

Yes  No

Do you have any concerns with your current assignment / conditions?

Yes  No

**CLIENT/SUPERVISOR**

\_\_\_\_\_  
 (please print name)

I verify that the daily hours on this timesheet are correct and that the work performed was to our satisfaction. I acknowledge that no injuries were occasioned or sustained by the contractor/casual during that time. I agree to the terms and conditions previously advised.

Do you have any concerns relating to this current temporary assignment?

Yes  No

**SIGNATURE**

**CLIENT SIGNATURE**

**PLEASE SUBMIT TIMESHEET BY C.O.B. FRIDAY (if applicable) for 10.00AM MONDAY DEADLINE**

OFFICE USE ONLY		ORD	1.25	1.5	2	2.5	OTHER PAYMENTS	
DAYS							CODE	
		A/S	W/E		P/H		PAY	
							BILL	

New timesheets can be downloaded from our website [www.dfp.com.au](http://www.dfp.com.au)

