



Please fax or email by 5pm  
 Monday  
 accounts@inspiredstaffing.com.au  
 Fax: 03 9676 2930

Company Name: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_

Authorisation Signature: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

  

Casual Employee Name: \_\_\_\_\_

Job Position: \_\_\_\_\_

Job Order Number: \_\_\_\_\_

Week Ending: \_\_\_\_\_

Shift Conditions: Day / Afternoon / Night

	Date	Start Time	Finish Time	Lunch	Total For Inspired Staffing Use.				
					Hours	Minutes	Normal Time	Time & Half	Double Time
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									
<b>Total:</b>									

Please ensure that all times and hours contained in this Inspired Staffing timesheet are correct. By authorising and returning this timesheet you are agreeing that the details are correct and authorise Inspired Staffing to pay and invoice accordingly. Return of this timesheet confirms acceptance of Inspired Staffing Terms of Business.