

Surname:

Client:

Given Name:

Site Name:

Week Ending: CW Code:

Street Address:

Time Sheet No: <2>

Project No:

Contact Name at Site:

| Day | Date | Start Time | Finish Time | Lunch (mins) | Client Signature | OFFICE USE ONLY | | | | | | | |
|--------------------|------|------------|-------------|--------------|------------------|-----------------|----------|--------------|------------|-----|------|------------------|-----------------------|
| | | | | | | Total Hrs | ORDINARY | OVERTIME 1.5 | OVERTIME 2 | TVL | MEAL | Productivity Ord | Productivity Overtime |
| M | | : | : | | | | | | | | | | |
| T | | : | : | | | | | | | | | | |
| W | | : | : | | | | | | | | | | |
| T | | : | : | | | | | | | | | | |
| F | | : | : | | | | | | | | | | |
| S | | : | : | | | | | | | | | | |
| S | | : | : | | | | | | | | | | |
| TOTAL HOURS | | | | | | | | | | | | | |

| DAY | CW CODE | DESCRIPTION OF WORK | DAY | CW CODE | DESCRIPTION OF WORK |
|------|---------|---------------------|---|---------|---------------------|
| Mon | | | Sat | | |
| Tues | | | Sun | | |
| Wed | | | Note: No time sheets will be processed unless signed by the client. Time sheets must be received no later than 10am MONDAY Fax: 02 8458 6182 or hr@varigroup.com.au | | |
| Thu | | | | | |
| Fri | | | | | |



VARIGROUP

Please note upon signing this time sheet you will be deemed to have accepted our terms and conditions.