



Employee Name: _____

Client/Company: _____

Supervisor: _____

Weekending: _____

Day:	Date	Start	Finish	<i>Less Lunch</i>	Total Hrs
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Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Total					

Supervisor Signature: _____

Please submit completed timesheets no later than Tuesday 12 noon of the following week.

Email: carol@btrecruitment.com.au
 Fax No. (03) 9706 8190
 Phone: (03) 9793 4122

BT Recruitment Pty Ltd
 Suite 37, Level 1, Hub Arcade
 15 - 23 Langhorne Street
 Dandenong Vic 3175