



Level 3, Suite 303
 7 Help Street Chatswood NSW 2067
 Ph: 9411 2055 Fax 9411 1117
www.coadys.com.au
 ACN 060 660 657 ABN 81 075 274
 298

Your Name: _____

Company: _____

(Temp Employee)

Department: _____

I am returning to this assignment next week? Yes No

POINTS TO REMEMBER

1. The completed time sheet is to be faxed or emailed to Coadys by 9.30am Monday at the latest (preferably Fridays)
EMAIL:
admin@coadys.com.au
FAX: 9411 1117
2. The faxed copy should be retained for your personal records.
3. A copy should be left for the Coadys Client for their company records.

Date		Time Started Hour / Min	Time Finished Hour / Min	Less Lunch (subtract)	Regular Hours Hour / Min	Overtime Hours
Sun	/	/	/		/	
Mon	/	/	/		/	
Tues	/	/	/		/	
Wed	/	/	/		/	
Thurs	/	/	/		/	
Fri	/	/	/		/	
Sat	/	/	/		/	
Total					/	

It is understood that temporary staff are supplied in accordance with Coadys Personnel's Terms of Business. Should we employ one of your temporaries currently with us, or with us in the previous twelve (12) months, a permanent fee is payable, as per Coadys Personnel's Terms and Conditions. Direct re-employment as a temporary attracts a temporary fee.

SUPERVISORS NAME _____

TEMPORARY EMPLOYEES SIGNATURE: _____

SUPERVISORS SIGNATURE _____
