

FIELD TEAM MEMBER TIMESHEET

ARCO-F10.02

Client Company		FTM First Name	
Department		FTM Surname	
Reporting to		FTM Signature (Optional)	

Cross out any days not worked by the Field Team Member.

Day	Date Month	Time Start	Time Finish	Less Unpaid Breaks	Hrs & Mins Worked	OFFICE USE ONLY				
						Normal	x 1.5	x 2	Other (specify)	
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										
TOTAL HRS & MINS WORKED					Hrs	Mins				

This timesheet must be signed and authorised by the client, and returned to Allied Recruitment by Monday 12 noon (Fax 9356 3333)

Client Approval

I declare that the position of this Field Team Member has not changed since last pay period, and furthermore that they will not be required to perform any tasks which have not been assessed as part of the duties in the Allied Recruitment JDF for this position.

In authorizing this timesheet I understand that Allied Recruitment shall raise an invoice to the Client in accordance with their Terms and Conditions of Business and I confirm that I am authorized to enter into contract on behalf of the Client.

Client Name _____ **Signature** _____ **Date** _____