



EMPLOYEE NAME: *(Print)* _____

EMPLOYEE SIGNATURE: _____

Employee Signature: By signing this timesheet I certify that the below hours are correct. I agree that any payment due to me may be adjusted by setting off any overpayment made in a prior period should my timesheet not agree with payments already paid. I understand that fees will not be paid unless the client (direct supervisor) has signed this timesheet. If you have any questions or concerns please call your AWX contact on the below number.

PERTH OFFICE PHONE: (08) 9470 3711

**EMPLOYEES - PLEASE ENSURE
TIMESHEETS ARE APPROVED AND
SUBMITTED BY 11.00AM MONDAY**

FAX TO: 08 9355 0046

OR

EMAIL TO: perthadmin@awx.com.au

DATE	DAY	START Time	MEAL Break	FINISH Time	TOTAL Daily Hours	COMMENTS:
	MON					
	TUES					
	WED					
	THURS					
	FRI					
	SAT					
	SUN					
TOTAL HOURS:						SUPERVISOR NAME:
Client Authorisation: By the supervisor signing this form, you (The Client) are verifying that the hours stated are correct. Signature of this timesheet shall be deemed as acceptance of the AWX (WA) Pty Ltd terms of business.						SUPERVISOR SIGN:
						COMPANY: