



Our People Your Success

Weekly Timesheet

Please Fax (02 9651 1595) or email (info@radleygroup.com.au) completed form by Monday 12pm

Contactor Name: _____

Client Organisation Name: _____

Hours worked week ending: _____ / _____ / 2010

	START	FINISH	BREAKS	TOTAL Hours / Days
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				
SUNDAY				
Total Weekly Hours Worked / Equivalent Days				

I hereby certify that the hours stated above are an accurate record of the hours I have worked:

Signed (Contractor Signature): _____

I hereby authorise the hours stated above, and confirm that I have read and understood, and accept the Terms of Business:

Signed (Authorised Client Signature): _____

Print Name: (Authorised Client Contact): _____