



# Time Sheet – Build Force Group

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Position Title: \_\_\_\_\_

Week Ending Sunday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

1. Are you continuing with this Assignment next week? Yes      No

In Association with OH&S Legislation the Contractor is required to read and circle the following:

2. Has your working environment changed? Yes      No

3. Has your role / job description / responsibilities changed? Yes      No

4. Do you need to report a work related hazard / incident / injury? Yes      No

If you circled "yes" to either question 2, 3 or 4 please contact your consultant immediately on (02) 9262 5656.

Dates Worked		Time Started	Time Finished	Less Lunch	Normal Hours	Over Time
Sunday	/ /					
Monday	/ /					
Tuesday	/ /					
Wednesday	/ /					
Thursday	/ /					
Friday	/ /					
Saturday	/ /					
<b>Total Hours Worked</b>						

**Contractor**

I confirm the above hours are true and correct.

**Client**

I authorise the above hours worked are correct and I accept and acknowledge receipt of Build Force Group Terms of Business

\_\_\_\_\_  
Contractor's Name

\_\_\_\_\_  
Manager's Name

\_\_\_\_\_  
Contractor's Signature

\_\_\_\_\_  
Manager's Signature

Client and Contractor signatures are deemed as acceptance of our Terms of Business

**NB: If timesheets are not signed and received by 9am Monday, payment will not be made.**