



TIME SHEET

P2

Week Ending _____ / _____ / _____

Email to: dewa@vap.net.au

Fax to: 03-9793 3410

- Email completed timesheet to dewa@vap.net.au (or fax to 03-9793 3410) by **4 pm on the Monday** following the work week.
- Missed or revised timesheets to reach us latest by **1 pm on Tuesday**.
- Late or incomplete/unclear timesheets may result in delayed payment to the employee.

Thank you for your kind co-operation and valued patronage.

CLIENT COMPANY				NAME OF EMPLOYEE				VAP ID					
ASSIGNED ROLE / POSITION				ASSIGNMENT START DATE		ASSIGNMENT CONTINUING		ASSIGNMENT END DATE		SHIFT			
						Yes	No			Day	A/noon	Night	Rotation
DAY	DATE (dd/mm)	TIME IN (circle am/pm)		TIME OUT (circle am/pm)		LUNCH (mins)	DAILY TOTAL (less Lunch)	DAILY BREAKDOWN					
								T	Tx1.5	Tx2.0	Other		
Mon			am pm		am pm								
Tues			am pm		am pm								
Wed			am pm		am pm								
Thurs			am pm		am pm								
Fri			am pm		am pm								
Sat			am pm		am pm								
Sun			am pm		am pm								
Total Hours for Week (to nearest ¼ hour)													

I confirm that I have worked at the above named organisation for the hours as recorded herein.

I hereby authorise this timesheet to be taken as verification that the employee's work was to satisfaction and that the hours shown are correct and payable accordingly. I hereby agree to the VAP Terms of Business.

.....
(Signature of Casual Employee)

Date:

.....
(Authorised Signatory of Client Company)

Date: