

HOSPITALITY STAFFING QUEENSLAND PTY LTD

EMPLOYEE TIME SHEET

EMPLOYEE NAME: _____	CLIENT NAME: _____
EMPLOYEE SIGNATURE _____	SITE DETAILS: _____
WEEK ENDING: _____	ADDRESS: _____
	CONTACT / MANAGER: _____

DAY	DATE	JOB TITLE	START SHIFT	START BREAK	FINISH BREAK	FINISH SHIFT	START SHIFT	START BREAK	FINISH BREAK	FINISH SHIFT	TOTAL	MANAGEMENT PRINT NAME	MANAGEMENT SIGNATURE
MONDAY													
TUESDAY													
WEDNESDAY													
THURSDAY													
FRIDAY													
SATURDAY													
SUNDAY													

COMMENTS:

TIME SHEETS MUST BE IN
 BEFORE 10AM MONDAY MORNING
 EMAIL: admin@hsqld.com