

## **Riddells - Staffing** ABN 67 072 250 867 ACN 072 250 867

BRANCH	F: 9555 447			
WEEK ENDING DATE	E: accounts@riddells.com.au			

On-hired Employee Surname	On-hired Employee First Name									
On-hired Employee	DAY	DATE/	TIME	TIME	LESS	Hrs & Mins	OFFICE USE ONLY			
Signature	DAI	MONTH	START	FINISH	LUNCH	Worked	NT	NT x 1.5	DT	
Reporting to	MON.									
Host Employer Company Name	TUES.									
Department	WED.									
Host Employer Address	THURS.									
	FRI.									
HOST EMPLOYER  I understand that should we employ a Riddells	SAT.									
On-hired Employee I will be charged a permanent placement fee. Signature is verification of hours worked and acceptance of terms and conditions.	SUN.									
SIGNATURE	TOTAL HOURS & MINUTES WORKED				Hrs Mins					
To guarantee payment of wages, please ensure that you have emailed or faxed your timesheet no later than 11.00 a.m. on Mondays										
Assignment: Continuing Finishing										