

Week Ending Sunday: ____ / ____ / 2012

CREAM of the Crop
 28 Greenhill Road
 WAYVILLE SA 5034
 ABN: 23 103 596 881
 Ph: (08) 8464 0022
 Fx: (08) 8274 2186

Client: _____
 Location: _____

Supervisor Name: _____
 Supervisor Sig: _____

CREAM of the Crop
 Temp Name: _____
 Job Title: _____
 Employee Sig: _____
 Date ____ / ____ / 2012

DAY	DATE	START	FINISH	LUNCH	ORD.TIME	TIME & 1/2	DOUBLE TIME	D/T & 1/2	TRAVEL	ALLOW.
MONDAY										
TUESDAY										
WEDNESDAY										
THURSDAY										
FRIDAY										
SATURDAY										
SUNDAY										
CREAM of the Crop Timesheet					TOTAL					

PLEASE FAX TIME SHEETS TO CREAM OF THE CROP NO LATER THAN 09.00AM MONDAY ON A WEEKLY BASIS TO ENSURE PROCESSING FOR NEXT PAY DAY.

Office Use Only:

Data entered: ____ / ____ / 2012
 Sig: _____
 Employee Name: _____
 Pay Period Ending: ____ / ____ / 2012