



TIME SHEET

**TIME SHEETS NEED TO BE FAXED IN BY 5.30pm FRIDAY TO
01 671 44 99**

NAME:	
COMPANY NAME:	
WEEK ENDING:	

**DUBLIN
BRANCH**

	DATE	START	FINISH	LUNCH	TOTAL	Office Use Only				
						Ord	x1.5	x2.0	Oth	MM
MON										
TUES										
WED										
THUR										
FRI										
SAT										
SUN										
TOTAL HOURS WORKED										

Client Authority

Client Name (Please Print) _____ **Client Signature** _____

Signature signifies compliance with standard Julia Ross Recruitment Pty Ltd (RBN: 905013) Terms of Business and acceptance of hours to be charged.

Required back next week (please tick) Yes No

Please ensure that we have your tax form and bank details *BEFORE* payday & *PRINT DETAILS CLEARLY.*