



Manual Timesheet

Note: Please ensure timesheet is authorised by the host client and faxed to Lesley Price, Payroll Officer at Hender Consulting on (08) 8100 8842 by 6.00pm Friday.

Week Ending: / /

Contractor Name:

Contractor signature confirms the details entered on this form are true and correct. I hereby agree for a period of 12 months following any such placement, I will not under any circumstances, seek or accept a direct offer of a contract or permanent placement from any such client unless Hender Consulting is informed.

CONTRACTOR SIGNATURE: _____ **DATE:** _____

DATE	DAY	TIME COMMENCED (To Nearest	TIME FINISHED ¼ Hour)	LUNCH / BREAKS	TOTAL HOURS WORKED
	MON				
	TUES				
	WED				
	THURS				
	FRI				
	SAT				
	SUN				
				TOTAL HOURS	

HOST CLIENT COMPANY: _____

CLIENT AUTHORISATION: _____ **DATE:** _____

NAME: _____ **TITLE:** _____

Client signature certifies:

- Hours shown are correct
- Acceptance of our Terms and Conditions
- Payment within 7 days

Note: Where a candidate is introduced to the client either verbally or in writing and is subsequently employed by the client, or any related corporation within 12 months of the completion date of this contract, the client will pay a fee as calculated and described in Hender Consulting's Contract Agreement as provided to the client.