GOFORCE TIMESHEET

CANDIDATE NAME:_____**SITE:**_____

COMPANY NAME:_____ **WEEK ENDING:**_____

24 HOUR FORMAT	DATE DD/MM/YY	START TIME	FINISH TIME	BREAK	TOTAL HOURS
MONDAY DAY/NIGHT					
TUESDAY DAY/NIGHT					
WEDNESDAY DAY/NIGHT					
THURSDAY DAY/NIGHT					
FRIDAY DAY/NIGHT					
SATURDAY DAY/NIGHT					
SUNDAY DAY/NIGHT					
TOTAL WEEK HOURS					

CANDIDATE DECLARATION: I ACKNOWLEDGE THAT I WAS INDUCTED TO THE CLIENT AND THAT THE HOURS STATED ABOVE ARE A CORRECT REFLECTION OF THE HOURS I WORKED. I FURTHER ADVISE THAT I WAS NOT INVOLVED IN ANY INCIDENT OR INJURY THAT HASN'T ALREADY BEEN REPORTED TO GOFORCE.

CLIENT DECLARATION: BY SIGNING THIS FORM, I VERIFY THAT THE HOURS LISTED ARE CORRECT AND COMPLETED TO SATISFACTION, AND THAT THE WORKER HAS NOT BEEN INVOLVED IN ANY INCIDENT OR INJURY THAT HASN'T ALREADY BEEN REPORTED TO GOFORCE.

NAME:………………………………

SIGNATURE:………………………….

DATE:…………………………….

NAME:………………………………………………………….

POSITION:………………………………………………………

DATE:……………………………………………………………

SIGNATURE:…………………………..,,…..,,,,,,,,,,,,,

admin@goforce.com.au