

TIME SHEET

LO-GO APPOINTMENTS
People who know Local Government

Employee Name _____ Signature _____

Client Name _____

Purchase Order No./Reference _____

Week Ending _____

**PLEASE ENSURE YOUR TIME SHEET IS SIGNED AND FAXED NO LATER THAN
 9.00 am MONDAY MORNING – FAX (08) 9381 1545**

	Date	Start Time	Finish Time	Less Lunch	Ord Hours	O/T x 1.5	O/T x 2	O/T x 2.5	Total Hours
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Totals									

SUPERVISOR TO COMPLETE

Please rate employees work performance below:

Excellent	
Very Good	
Satisfactory	
Please telephone to discuss	
Is the employee continuing in the assignment?	YES / NO



LO-GO
Appointments

Venus Corporation Pty Ltd
 ABN 83 554 036 358

SUPERVISOR'S NAME _____

SUPERVISOR'S SIGNATURE _____

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