



## EBR TIMESHEET

Client Company:	
Fortnight starting on Monday:	

Day	Start Time	Finish Time	Less break time	Total
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Please calculate to the nearest quarter hour.

Weekly Total

Day	Start Time	Finish Time	Less break time	Total
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Please calculate to the nearest quarter hour.

Weekly Total

### Fortnightly Totals

Total Hours X 1.0	
Total Hours X 1.5	
Total Hours X 2.0	

Total Hours X 2.5	
Total Hours X 3.0	

Contractor's Name (please print)

Contractor's Title

Is your contract likely to cease in the next 2 weeks?

Contractor's Signature

Date Signed

Supervisor's Name (please print)

Supervisor's Title

Supervisor's Contact Number

Supervisor's Signature

Date Signed

Please fax completed timesheet to EBR on  
(02) 9412 3425 by Friday 5 pm.

### Client Authorisation

I verify that the hours stated on this timesheet are  
correct and fulfilled to my satisfaction.