



ADDRESS

Como Office Centre
Level 19, 644 Chapel Street
South Yarra, VIC 3141

COMPANY NAME

Danaru Pty Ltd

TEL 9823 6227

ABN 62 114 374 015

Please complete, sign and have authorised by your supervisor.

**FAX (03) 8663 6780 or
EMAIL natrecpay@au.gt.com**

Your payroll will be processed within two (2) working days of receipt.



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FRANCHISE ID danielac@natrec.com.au

TIMESHEET

Company Name _____

Your Name _____

Supervisor's Name _____

Your Signature _____

Supervisor's Signature _____

Your Temp ID _____

Department Worked _____

This is to certify the below hours are correct and approved for payment.

DATE	DAY	START TIME	FINISH TIME	LESS BREAKS	TOTAL HRS	OVERTIME	SHIFT
	Monday						
	Tuesday						
	Wednesday						
	Thursday						
	Friday						
	Saturday						
	Sunday						
TOTAL HOURS FOR WEEK (NEAREST 1/4 HOUR)							

1. A timesheet that is not clear or complete will NOT be processed.
2. Your details and ALL company details of where you have worked must be completed.
3. Total hours column must be completed (start, finish and break time must also be clearly filled in).

4. Timesheets must be submitted by either FAX **(03) 8663 6780** or EMAIL **natrecpay@au.gt.com** by no later than 1pm on a Tuesday or 1pm on a Thursday. After these times timesheets will not be processed until the following pay run (following Thursday or Tuesday).

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