



CLIENT NAME	CLIENT ADDRESS	STAFF NAME

DETAILS OF ASSIGNMENT

DAY	DATE	START TIME	END TIME	BREAK	TOTAL HOURS WORKED
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					

CLIENT'S DECLARATION AND APPROVAL OF HOURS

I am an authorised signatory for the organisation. I am signing to confirm that the job title and band of agency worker and the hours/shift that I am authorising are accurate and I approve payment. I understand that if I knowingly provide false information this may result in disciplinary action, and I may be liable to prosecution and civil recovery proceedings. I consent to the disclosure of the information from this form to the organisation for the purpose of verification of disclaim and the investigation, prevention, detection and prosecution of fraud.

Signed by client.....Print Name..... Date.....

Signed by candidate.....PrintName.....Date.....