

JOB DETAILS	
Client	<input type="text"/>
Client Contact	<input type="text"/>
Employee	<input type="text"/>
Employee No.	<input type="text"/>
Site Address	<input type="text"/>
Order Number	<input type="text"/>

TIMESHEET		Day	Date	Start Time	End Time	Break	Total Hours	Allowances <i>For Office Use Only</i>		
<i>MON</i>	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	:	<input type="text"/>	:	<input type="text"/>	
<i>TUE</i>	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	:	<input type="text"/>	:	<input type="text"/>	
<i>WED</i>	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	:	<input type="text"/>	:	<input type="text"/>	
<i>THU</i>	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	:	<input type="text"/>	:	<input type="text"/>	
<i>FRI</i>	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	:	<input type="text"/>	:	<input type="text"/>	
<i>SAT</i>	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	:	<input type="text"/>	:	<input type="text"/>	
<i>SUN</i>	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	:	<input type="text"/>	:	<input type="text"/>	
							TOTAL	<input type="text"/>	:	<input type="text"/>

Please email all Timesheets to reception@flexistaff.com.au

TERMS OF BUSINESS

FlexiStaff Pty Ltd or FlexiStaff Hospitality will at no time be responsible for any loss or damage caused by an employee. It is understood that while on assignment the employee is under the direction, control and supervision of the client

AUTHORISATION

The signatories below warrant that the hours and allowances signed for are correct and will constitute the basis for the invoicing and that the work undertaken was done so satisfactorily.

Client Name

Employee Signature

Client Signature

Injury Management Guide

If an injury to a FlexiStaff candidate occurs, please follow our required procedure:

1. In the event of a serious injury that is life threatening please call the emergency number **000** to request an ambulance to the work site.
2. Notify FlexiStaff immediately via our Account Manager contact or direct to the Ascot Head office on **9479 4781**.
3. For all other reported injuries, we request that the candidate seek a medical assessment at our preferred supplier **Sonic HealthPlus** or **Spartan Health**. Please follow your own internal procedures for minor injuries that require first Aid.
4. If the injury requires medical assessment/treatment, please contact the FlexiStaff Account Manager to seek direction for the nearest Sonic HealthPlus or Spartan Health medical centre or call the FlexiStaff Ascot head office direct.
 - a) In the first instance the Account Manager or OHS Manager will transport the candidate from the worksite to Sonic HealthPlus or Spartan Health, if practicable and within a reasonable timeframe.
 - b) If the Host employer/Client assists in transporting the candidate to Sonic Health or Spartan Health please remember to verify that the **candidate's employer is "FlexiStaff"** and that the injured candidate obtains a "First **Medical Certificate**" for the purposes of Workers Compensation cover, this avoids confusion as to liability and accounting of medical invoices that may be generated.
 - c) The candidate has a right to seek a private GP medical assessment but must pay for the consultation upfront.
5. Document the incident details via your own internal incident reporting procedure and liaise with FlexiStaff Account managers.

For further information or clarification please contact:

Mark Twiss
Occupational Health & Safety Manager
Mobile PH: 0417 928 784