	e-	PO B Ph	NNEL UNI Sox 538, Fran Sone: 9783-61 personnelun	ikston	u		
CLIENT / COI <u>Campus:</u>	MPANY: C	CHISHOLM INST	TITUTE OF TAF	E - STUDENT SU	JPPORT SERVIC	ES	
	Cranbou	rne 🗖 Da	andenong 🗖	Frankston	Rosebud		
NAME OF S	FUDENT:						
SPECIFIED '	TASK:	NOTE-TAKER	2	PARTICIPA	TION ASSISTA	NT 🗖	
EMPLOYEE	:			WEEK ENDING:			
DAY	Date	Start Time	Finish Time	Less Breaks	Total Hours	Attendance	
Monday							
Fuesday							
Wednesday		ļ				_	
Thursday							
Friday Seturdar							
Saturday Sunday		+				+	
v	IRS WORKE	ED (to nearest ¹	4 hour)				
EMPLOYEE (EMPLOYEE			orked the above l	10urs and no inju	ries were sustain	ed.	
AUTHORIZ	ATION SIGN	ATURE:					
			(Student to sign to verify hours) Teacher or Disability Officer Signature is acceptable				
and reach the Monday. Note: Wage	e office of Per es will not be	rsonnel Unlimite	ed via either fa	either student, ta x, post or email gned by both th urs worked.	by 10.00 am th	e following	
Temporary en loss or damage	ployees. How e arising from	sonnel Unlimite wever, no respon Temporary staf	nsibility can be a	ITIONS nighest standards accepted by Pers			
PERSONNEL U		FICE USE ONLY					
	HOURS	RATE	SUB TOT	TAL TOTAL	INVOICE	NO	
CHARGE							
N-Tak	er						
P-Assi							
SALARY							

N-Taker P-Assist