

TIME SHEET

TEMPORARY SERVICES

*Must be FAXED by 10am Monday morning to ensure wages paid
as payroll deadline is 12 noon*

FAX 300 6361

WEEK ENDING _____

COMPANY NAME: _____

REPORT TO: _____



Level 2
64 Khyber Pass Road
Gratton
P O Box 8421, Symonds St
AUCKLAND
New Zealand
Phone 09 300 63 60
Fax 09 300 63 61

TEMP NAME: _____

TEMP'S POSITION : _____

START DATE: _____

ASSIGNMENT TO CONTINUE NEXT WEEK: YES/NO

ANY WORK PLACE INJURY: YES/NO

PLEASE PAY HOLIDAY PAY

(To be completed end of assignment only)

Temp Signature: _____

MANAGER'S NAME _____

POSITION _____

DATE _____

	START TIME	LUNCH	FINISH TIME	DAILY TOTAL
MON				
TUES				
WED				
THURS				
FRI				
SAT				
SUN				
TOTAL CHARGEABLE HOURS:				
BREAKS HAVE BEEN DEDUCTED				
TOTAL HOURS				

MANAGER'S AUTHORIZATION _____

Should this person be re employed by your company at any stage either in temporary or permanent capacity then a fee is payable in accordance with our normal terms