

“Local staff for local employers”

TIMESHEET

All timesheets must be into office by 10am Monday

Please fax to (03) 310 7286 or email to info@nces.co.nz

Please delete days not applicable

TEMPORARY EMPLOYEE	CLIENT

DATE	DAY	START TIME	FINISH TIME	LESS MEAL BREAK	TOTAL HOURS WORKED	ORDINARY HOURS	TIME AND A HALF
01/12/08	Mon	7.30	4.00	30 min	8	8	0
	MON						
	TUES						
	WED						
	THURS						
	FRI						
	SAT						
	SUN						
TOTAL HOURS							

ASSIGNMENT: Please Tick Completed Continuing

Comments:

TEMP TO SIGN:	CLIENT TO SIGN:
I hereby declare that this is a correct record of the hours worked by me and that no injuries were sustained whilst I was on this assignment.	I hereby declare that the temporary has worked the above hours and by signing this timesheet I authorize payment for the hours worked.
Week Ending Date:	Order Number: