



TEMP TIME SHEET

**PLEASE COMPLETE AND RETURN VIA FAX (09) 525 6422
BY LATE FRIDAY**

NAME: _____

WEEK ENDING: _____

COMPANY NAME: _____

	MON	TUES	WED	THUR	FRI	SAT	SUN
Time Started							
Lunch break (eg ½ hour or 1 hour)							
Time Finished							
Daily Total (Minus Lunch Breaks)							
Weekly Total							

NB: Please round to the nearest quarter e.g 15mins, 30mins or 45mins.

Injuries:

Did you sustain any work related injuries during this pay period? Yes No

EMPLOYEE SIGNATURE

DATE

I agree that I have worked the hours shown herein on the dates stated above. I certify that the information received by me arising out of my work is confidential and that I will not disclose it to anyone

COMPANY REPRESENTATIVE SIGNATURE

TITLE

I agree that the hours shown herein are correct and the work has been carried out satisfactorily.

I approve and authorise the above form. In signing this form I acknowledge I have read and understood the Terms & Conditions of Services for this assignment.