

# TIMESHEET

TEMPORARY EMPLOYEE'S NAME \_\_\_\_\_

WEEK COMMENCING DATE \_\_\_\_\_ POSITION \_\_\_\_\_

MONDAY / / \_\_\_\_\_  
 COMPANY WORKING \_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_

REPORT TO \_\_\_\_\_



**Division Worked**  
 (please tick relevant division)

- Executive
- Engineering & Technical
- Health
- Office
- Industrial
- Hospitality

PLEASE FAX WHITE COPY TO:

**CHRISTCHURCH**  
**Fax 03 379 3042**

PINK COPY RETAINED BY CLIENT  
 BLUE COPY RETAINED BY TEMPORARY

**www.extrastaff.co.nz**  
**Tel 0800 66 2511**

DAY	DATE WORKED	TIME START	TIME END	LESS LUNCH PERIOD	TOTAL HOURS	ORD	X 1.5	X 2	X 2.5	A/SHT %	N/SHT %	OTHER
MON												
TUES												
WED												
THU												
FRI												
SAT												
SUN												
				<b>TOTAL HOURS</b>								

OFFICE USE ONLY

**ALLOWANCES (IF ANY)**

**CLIENT AUTHORISATION:** I certify that the details shown above are correct and that the work was performed in a satisfactory manner. I confirm that I have received and agree to abide by Extrastaff Recruitment's Terms and Conditions of Business and additionally that I have provided a safe and healthy work environment and not varied the assignment duties for the temporary employee from the original assignment description.

**Client Representative:** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_

**EMPLOYEES CONFIRMATION:** I certify that the details shown above on this timesheet are true and accurate and additionally that I have not sustained any injuries during the assignment and my assignment duties have not varied from the original assignment description

**Employee's Signature:** \_\_\_\_\_