

Client Name:

Week Ending:

Name of Contractor/Temp:

Attn:

Position:



| | DATE | START | FINISH | LESS LUNCH | HOURS WORKED |
|-------|------|-------|--------|------------|--------------|
| MON | | | | | |
| TUES | | | | | |
| WED | | | | | |
| THURS | | | | | |
| FRI | | | | | |
| SAT | | | | | |
| SUN | | | | | |

Should this person be re-employed by your company within 12 months of dated timesheet either in a temporary or permanent capacity then a fee is payable in accordance with our normal terms and conditions of business.

TOTAL

Signature _____ Date _____

Employer's signature

Signature _____ Date _____

Contractor/Temp's signature

Continuing assignment

Please tick

Completed assignment

Fax: +64 07 9294417

Connect

attn: Michele

Fax: +64 09 3771529

i Payroll

attn: TESS