

TEMP TIME SHEET



MUST BE RECEIVED BY 10 AM MONDAY TO ENSURE WAGES PAID

Fax or scan your signed time sheet to 09 300 6361 or email temps@oneilspersonnel.co.nz

TEMP NAME _____

TEMP POSITION _____

COMPANY NAME _____

MANAGER NAME _____

POSITION _____

DATE _____

WEEK ENDING _____

DATE	DAY	START TIME	LUNCH START	LUNCH FINISH	FINISH TIME	TOTAL HOURS
	MON					
	TUE					
	WED					
	THU					
	FRI					
	SAT					
	SUN					
					TOTAL	

OFFICE USE ONLY	

ASSIGNMENT TO CONTINUE NEXT WEEK YES/NO ANY WORK INJURY YES/NO

TEMP Employee: I acknowledge that the above hours were worked by me on this assignment and I agree to abide by the Employment Contract, which I signed with O'Neils Personnel.

TEMP SIGNATURE: _____

MANAGER Authorisation: I (on behalf of the Client Company) acknowledge that the above hours were worked by the above named employee.

MANAGER SIGNATURE: _____

Should this person be re-employed by your company at any stage either in temporary or permanent capacity, a fee is payable in accordance with O'Neils trading terms.