

TIMESHEET - TEMPORARY STAFF

Name:					Job title: Job number:			
					Job nui	mber:		
Client name:					Client address			
Week ending	g: Sunday	/_	/]			
	DATE	START TIME	FINISH TIME	MEAL BREAKS	TOTAL	T1	O'Time	Notes
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
The minimum of are not paid to					y staff are pa	id to the r	nearest 15 m	ninutes. Meal breaks
Temporary sta those hours I h		<u>ion:</u> I have	worked th	e hours as d	etailed above	e, and I ur	derstand th	at I am paid for only
Temporary staff signature:					Date:			
payment is here I agree that if the	s form to con eby authorise ne above nan nber of staff v	ed. ned tempor vithin six m	ary staff m onths from	ember (eithe this date I w	er directly or i vill pay a plac	ndirectly)	is employed	n satisfactory, and das a permanent or standard fees to Your
Authorised Client signature:					Date:			
Name / Title:				_				

PLEASE SCAN & EMAIL COMPLETED FORM TO info@yourpeople.co.nz