

Temporary Employee Timesheet

Ph: 525 0050 Fax: (09) 525 0051

Email: info@Sti	rlingrecruit.co.nz					
NB: Time Sheet	s must be receive	d by 10am Mond	ay to ensure pro	ompt payment		
Temporary Emp	oloyee Name:					
Name of Client	you are assigned	to:				
Week Ending D	ate:					
Date	Day	Start Time	End Time	Less Lunch Break	Total Hours	
	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					
	Saturday					
	Sunday					
	<u> </u>	1		Week Total		
	ployees are entitle lated/paid to the		• •	id) lunch break.		
Please authoris	e below that the	hours above are	correct.			
Client Signature:			Client Name	Client Name:		
Client Title:			Date:			
Temporary Emr	alovoo Signaturo:					