

INDEPENDENT CONTRACTOR SINGLE TIME SHEET

PO Box 512 84, Pakuranga 2140

Ph: 525 0050 Fax: (09) 525 0051

Email: info@stirlingrecruit.co.nz

NB: Time Sh	neets must be receive	ed by 10am Mond	day to ensure pro	ompt payment		
Contractor	Name:					
Name of Cli	ent you are assigned	l to:			·	
Week Endir	ng Date:					
Date	Day	Start Time	End Time	Less Lunch Break	Total Hours	
	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					
	Saturday					
	Sunday					
				Week Total		
•	nt Contractors are er alculated/paid to the		· · · · · · · · · · · · · · · · · · ·	npaid) lunch break.		
Please auth	orise below that the	hours above are	correct.			
Client Signature:			Client Nam	Client Name:		
Client Title:			Date:			
Independer	nt Contractor Signatu	ıre:				