1st Call Temporary Employee Timesheet

Please ensure that this Timesheet is sent to 1st Call before: Monday 12.00 pm

Fax: 07 579 9296 or Email: payroll@1cr.co.nz

TEMP EMPLOYEE TO COMPLETE

Employee Certification: I have worked the following hours and no injuries were sustained

Name (please print):

Week Ending Date:

Employee Signature:

EMPLOYER TO COMPLETE:

Company Authorization: I verify the hours stated below are correct and the work has been performed in a satisfactory manner. I also understand that all temporary staff are supplied in accordance with 1st Call Recruitment Limited Terms of Business

Company's Name:

MANAGERS Name (Please print):

Signed on Behalf of the Company:

| Monday Image: Constraint of the second s | | Rating /10 | DATE | DAY | START | LUNCH | FINISH | TOTAL |
|--|--|---------------|--|------------------|-------|-------|--------|-------|
| Tuesday Image: Constraint of the second | | | | Monday | | | | |
| Thursday Image: Constraint of the second | | | | | | | | |
| Friday Image: Constraint of the second sec | | | | Wednesday | | | | |
| Saturday Sunday | | | | Thursday | | | | |
| Sunday | | | | Friday | | | | |
| | | | | Saturday | | | | |
| Total Hours | | | | Sunday | | | | |
| | | | | Total Hours | | | | |
| Is this temp being paid for their Lunch Breaks: (please circle) YES NO | | | Is this temp being paid for their Lunch Breaks: (please circle) | | YES | NO | | |
| Travel Allowance | | | | Travel Allowance | | | | |
| 1 st Call Recruitment Ph: 07 579 9295 Fax: 07 579 9296 Email for Accounts Enquiries: payroll@1cr.co.nz | | | | | | | | |



Date: