

TIMESHEET - TEMPORARY STAFF

| Name: | Job title: | |
|---------------------|-----------------|--|
| Client name: | Client contact: | |
| Week ending: Sunday | | |

| Hours Wo | rked (plea | se enter to | the neares | t ¼ hour) | | | |
|-----------|-------------------|---------------|----------------|----------------|-------|--------|-------|
| | DATE | START TIME | FINISH TIME | MEAL BREAKS | TOTAL | O'Time | Notes |
| Monday | | | | | | | |
| Tuesday | | | | | | | |
| Wednesday | | | | | | | |
| Thursday | | | | | | | |
| Friday | | | | | | | |
| Saturday | | | | | | | |
| Sunday | | | | | | | |
| Final Pa | у | | | TOTAL | | | |

The minimum charge for temporary staff is 4 hours. Temporary staff are paid to the nearest 15 minutes. Meal breaks are not paid to Temporary staff, nor charged to the Client.

<u>Temporary staff - Declaration</u>: I have worked the hours as detailed above, and I understand that I am paid for only those hours I have worked.

Temporary staff signature:

Client Authorisation

Please sign this form to confirm that the above hours are correct, the work performance has been satisfactory, and payment is hereby authorised.

I agree that if the above named temporary staff member (either directly or indirectly) is employed as a permanent or temporary member of staff within six months from this date I will pay a placement fee based on standard fees to Your People Ltd.

I agree to the terms and conditions contained with this timesheet.

Authorised Client signature: _____

|--|

Client Name / Title: _____

Comments and notes: Any details of the assignment changed? Any questions?

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