

TIMESHEET - TEMPORARY STAFF

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|--------------|-------------------|
| Name: | Job title: |
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|---------------------|------------------------|
| Client name: | Client contact: |
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| Week ending: Sunday |
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| Hours Worked (please enter to the nearest ¼ hour) | | | | | | | |
|----------------------------------------------------------|------|------------|-------------|-------------|--------------|--------|-------|
| | DATE | START TIME | FINISH TIME | MEAL BREAKS | TOTAL | O'Time | Notes |
| Monday | | | | | | | |
| Tuesday | | | | | | | |
| Wednesday | | | | | | | |
| Thursday | | | | | | | |
| Friday | | | | | | | |
| Saturday | | | | | | | |
| Sunday | | | | | | | |
| <input type="checkbox"/> Final Pay | | | | | 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.

Temporary staff - Declaration: 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: _____ **Date:** _____

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: _____ **Date:** _____

Client Name / Title: _____

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| Comments and notes: Any details of the assignment changed? Any questions? |
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PLEASE SCAN & EMAIL COMPLETED FORM TO info@yourpeople.co.nz