



Temporary Employment Time Sheet

(NB: Time sheets must be received by 10.00am Monday to ensure prompt payment)

Employee Name: _____ **Consultant:** _____

Place of Employment: _____ **Week Ending:** _____

Assignment Continuing

Assignment Ceasing

Date	Day	Start Time	End Time	Less Lunch Break	Total Hours
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
	Sunday				
				Week Total	

Clients do not pay for unworked lunch hours. Temps are paid to the nearest quarter hour. Please authorise that hours worked as stated above are correct. It is hereby agreed that if we re-employ the temporary employee(s) on this timesheet, either directly or through any other agency as a permanent or temporary member of staff within a period of twelve months from this date, we will enter into a contract with you for a permanent or temporary fee at standard or contract rates. FORCE staff are under client supervision and responsibility while on assignment.

Client Signature: _____ **Client Name:** _____

Client Title: _____ **Date:** _____

Employee Signature: _____

Please return your signed timesheet via fax on:

Auckland	(09) 303 4452
Auckland South East	(09) 274 3901
Waikato	(07) 839 5662
Wellington	(04) 499 8066
Christchurch	(03) 366 6221