Please ensure that this Timesheet is sent to 1st Call before: 12pm Tuesday

Week Ending Date:

Ph: 0800 46 36 75

Email: timesheet@1cr.co.nz

TEMP EMPLOYEE TO COMPLETE

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

Name (please print):

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:

Rating /10	DATE	DAY	START	LUNCH	FINISH	TOTAL
/ 10	57.12	D/(I	01711			101/12
		Monday				
		Tuesday				
		Wednesday				
		Thursday				
		Friday				
		Saturday				
		Sunday				
		Total Hours				
	Is this temp being paid for their Lunch Breaks: (please circle)		YES	NO		
		Travel Allowance				



1st Call Temporary Employee Timesheet

Date: