



AUCKLAND CITY FAX: 09-309 4197	ALBANY/NORTH SHORE FAX: 09-414 7395	WEST AUCKLAND FAX: 09-828 1131	PEWROSE FAX: 09-525 5535	MANUKAU FAX: 09-271 3604	HAMILTON FAX: 07-838 1811	BAY OF PLENTY FAX: 07-574 2904	
NEW PLYMOUTH FAX: 06-757 9026	PALMERSTON NORTH FAX: 06-952 3339	HAWKES BAY FAX: 06-878 6991	WANGANUI FAX: 06-347 7232	WHANGAREI FAX: 09-438 2733	WELLINGTON FAX: 04-499 0350	CHRISTCHURCH CITY FAX: 03-365 5794	
CHRISTCHURCH INDUSTRIAL FAX: 03-341 5849	DUNEDIN FAX: 03-479 2746	ACCIDENTS MUST BE REPORTED ON THE DAY THEY OCCUR TO VALIDATE ACC CLAIMS AND AVOID PAY DELAYS					

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NB: Timesheets must be returned to your Adecco office by 10am Monday.

TEMPORARY TIME SHEET

Branch:

Client Name: _____

O/No. _____

Client Address:

A/C No. _____

W/E DATE:

Temp No. _____

Name of Temp:

Temp Job Title:

Reporting Address:

RECORD OF HOURS WORKED

DATE	HOURS FROM	HOURS TO	LESS LUNCH	TOTAL	T1	T1.5	T2	SICK	DAY IN LEU	TOTAL
MON.										
TUES.										
WED.										
THURS.										
FRI.										
SAT.										
SUN.										
TOTAL										

There is a 4 hour minimum charge.

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 person mentioned on this time sheet, either directly or through any other agency as a permanent or temporary member of staff, within a period of 4 months from this date we will enter into a contract with you for a permanent or temporary placement at standard rates.

SAFETY AT WORK: Please remember to provide a first day induction for every new temporary associate who commences work at your premises. **OUR TERMS OF PAYMENT ARE 7 DAYS.** Prompt settlement would be appreciated. Adecco Personnel Ltd temporary staff are under client supervision and responsibility while on assignment.

CLIENT'S SIGNATURE: _____ DATE: _____

CLIENT'S NAME: _____ EMPLOYEE SIGNATURE: _____

TITLE: _____

PLEASE TICK: Continuing Completed

ALLOWANCES	UNITS	RATE	TOTAL	TOTAL	UNITS	RATE	TOTAL
TRAVEL				DEDUCTIONS			
MEALS				PAY RATES			
TOOL				T1			
SHIFT				T1.5			
				T2			

WHITE - OFFICE COPY
YELLOW - CLIENT COPY
PINK - TEMPS COPY

Signed & Approved: _____

TK6C 12/08