

## **TEMPORARY ASSOCIATE TIMESHEET**

www.adecco.co.nz

NB: It is your responsibility to ensure your timesheet is signed and returned to your Adecco Office by 10am Monday

Branch:											
					W/E Date:						
Client Name:					Associate						
CHEIR N	iairie.				Name:						
PO Number: Client Address:					Associate Job Title:						
					Reporting						
					Site:						
		ALL ACCIDEN	TS MUST BE REP	ORTED ON TH	HE DAY THEY OCCUR TO	AVOID PA	AY DELAY	/S			
		RECORD OF HOURS WORKED			CLIE			IT & OFFICE USE ONLY			
	DATE	START TIME	LESS LUNCH	FINISH TIME	TOTAL	T1	T1.5	T2	PUBLIC HOL	SICK	IN LIEU
MON											
TUE											
WED											
THU											
FRI											
SAT											
SUN						+					
				TOTAL		+					
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