



COVERSTAFF INTERNATIONAL  
 105 Rutherford St  
 PO Box 1450  
 Nelson 7010  
 Ph (03) 545 7063  
 Fax (03) 545 7064

## TIMESHEET

ALL TIMESHEETS MUST BE INTO OFFICE BY 1PM MONDAY

CLIENT NAME	TEMP NAME	
ADDRESS	JOB TITLE	
REPORT TO	WEEK END DATE	ORDER No.

RECORD OF HOURS WORKED							CLIENT USE ONLY			ALLOWANCES				
	DATE	ORDER No.	TIME START	TIME FINISH	LESS LUNCH	TOTAL HOURS WORKED	T1	T1.5	T2	TRAVEL	MEAL	SHIFT	OTHER	RATE
MON														
TUE														
WED														
THU														
FRI														
SAT														
SUN														
<b>TOTAL</b>														

There is a minimum 4 hour charge per day.  
 Hours are charged to the nearest quarter hour.

NB: Our payment terms are strictly 7 days.

Due to the constantly changing nature of site work and as part of our Health and Safety Management Plan, we need our employees to be made regularly aware of any new hazards. Please identify to our employees specific site hazards and any new hazards that occur on a weekly basis. If weekly tool box meetings are held, please forward a copy to Coverstaff.

### SITE SPECIFIC INDUCTION

The following hazards have been identified and notified to Coverstaff employees:

**SPECIFY**

PLANT HAZARD	
ELECTRICAL	
HEIGHT	
EQUIPMENT	
EMERGENCY PROCEEDURES	
OTHER	

I hereby certify the hours stated are correct and the work completed to my satisfaction, that a site specific induction was completed and that any injuries sustained were reported to Coverstaff.

I hereby certify this is a correct record of the hours worked, that I received a site specific induction and that any injuries I sustained I reported to Coverstaff.

CLIENT'S NAME \_\_\_\_\_  
 POSITION \_\_\_\_\_  
 SIGNATURE \_\_\_\_\_  
 DATE \_\_\_\_\_

EMPLOYEE'S SIGNATURE \_\_\_\_\_

NB. Wages will not be paid until a timesheet has been signed by you and the client.

ASSIGNMENT COMPLETED <input type="checkbox"/>	<input checked="" type="checkbox"/> PLEASE TICK CONTINUING <input type="checkbox"/>
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WHITE: CLIENT COPY GREEN: COVERSTAFF COPY



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