



RECORD OF HOURS

Client Company: _____

RLMR NO.

Week Ending (Sunday): _____

Site / Project Name: _____

**PLEASE FAX YOUR SIGNED OFF TIME SHEET TO 04 499 0955
TO BE RECEIVED BY MONDAY MORNING**

HOURS WORKED	Morning		Afternoon		Evening		OT	Total (incl OT)
	From	To	From	To	From	To	Total	
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

CLIENT REF NUMBER (if applicable) _____

TOTAL HOURS WORKED	
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AUTHORISATION

I hereby confirm these hours to be correct and that I agree to the terms and conditions set out in the Rob Law Maxrecruitment **Terms of Business for Contract Persons**.

Signature: _____ *Client/Supervisor Name:* _____

I hereby confirm these hours were worked by me on this assignment. I also agree to treat all work performed by me on this particular assignment as strictly confidential at all times and no information gained during the course of this assignment will be communicated to any third party.

Signature: _____ *Contractor:* _____
(your name)

**WE WILL BE UNABLE TO PROCESS PAYMENTS
UNLESS A GST INVOICE IS PROVIDED AND
THIS RECORD OF HOURS HAS BEEN SIGNED OFF BY
THE CLIENT**