



TIME SHEET

Client Name: _____ ASSIGNMENT NO. _____
 Site Name: _____
 Week Ending (Sunday): _____

**PLEASE FAX YOUR SIGNED 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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	Monday	Tuesday	Wednesday	Thursday	Friday	
<i>Annual Leave</i>						
<i>Statutory Leave</i>						
<i>Special Leave</i>						
	LEAVE TOTAL					

TOTAL HOURS	
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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:* _____

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)