



Return to Legal Personnel by fax or mail to:
 (09) 357 6383 / info@legalpersonnel.co.nz / P O Box 2432 Shortland
 Street, Auckland 1140

Temporary Time Sheet

Client Name: _____ Attention: _____

Name of Temp: _____ Title: _____

Week Ending (Date): _____

Client Agreement:

It is hereby confirmed that the said temporary employee worked the hours stated below and should we re-employ this person as a permanent or temporary member of our staff, within a period of six months from this date, we will be charge a fee at the standard rate as detailed in Legal Personnel's terms of business. Temporary employees are paid to the nearest quarter hour. Legal Personnel Temporary Staff are under client supervision and responsibility whilst on an assignment.

 Client Signature

 Title

Temporary Staff Agreement

I.....hereby confirm that the hours stated below are correct and I undertake to treat as confidential all work performed by me during this assignment.

Temporary's signature: _____

Record of Hours Worked

	DATE	START	FINISH	LESS	TOTAL
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					
TOTAL HOURS					

For Office Use Only

Ongoing / Assignment Ending / Hours Checked / Stat Day / Holiday Pay