

Temporary employee timesheet



Please fax this completed timesheet to **Velocity** by **9:00am Monday** following the week worked.
 Fax to **04 499 7171**. Please keep a copy of the completed timesheet for your own records
 and leave the original with the client.

Temp name _____
 Company name _____
 Reporting to _____ Daytime phone # _____
 Velocity job # _____ Consultant _____

B Bereavement **A** Annual **ST** Statutory **S** Sick

Timesheet	Time in	Time out	Time in	Time out	↓	
						Total hours
Monday date						
Tuesday date						
Wednesday date						
Thursday date						
Friday date						
Saturday date						
Sunday date						
Additional comments / holiday pay requests:						Total hours for week

Temp Agreement - I hereby certify that the hours shown were worked on by me in this Assignment and no injuries have been sustained. I also agree to abide by my Employment Agreement. I accept that once my accrued and outstanding holiday pay has been paid out, should I enter into any further temporary employment assignments with Velocity, I shall have no right, at any stage, to take these days off work on pay, and that I shall have no further claim to this holiday pay whatsoever. I also accept and acknowledge that my entitlement to accrued annual leave and holiday pay will have been fully and finally settled.

 Temp signature

 Date

Client Agreement - I hereby certify that the hours shown are correct. I hereby accept the offer of Velocity to provide the services of the Temporary to the Client subject to the Terms and Conditions of Service. I acknowledge that I have read and understood the Terms and Conditions of Service prior to entry into this Agreement.

 Client signature

 Client name

 Date

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