

Stafford Timesheet

Name: _____

Week Ending: _____

Company Name: _____

Assignment Finished: YES | NO

Day	Date	Start	Finish	Lunch	Total	Overtime
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

This timesheet must be completed and returned to Stafford by 10 a.m.
every Monday

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Company Signature: _____ Temp Signature: _____

Client Company's Note: Your authorisation of this timesheet constitutes your acceptance of Stafford's terms & conditions. There is a 4-hour minimum charge, unless otherwise arranged. If you employ the person this timesheet relates to, either as a permanent or temporary member of your own staff, you become liable for Stafford's standard recruitment charges.

If you require holiday or sick pay, contact Stafford by 5pm Monday

P: 0800 7823 3673 | E: payroll@staffordrecruit.co.nz | T: 027 688 4805

Health & Safety

Accident | Incident | Near Miss _____

Risk Identification – Are there any risks we should be aware of at your work place? _____

Health & Safety Meetings

If you are interested in being involved in our Health and Safety Committee as an employee representative, please contact us on 0800 7823 3673 or 027 688 4805.

Concerns & Comments _____