

Please amend your weekend date accordingly before emailing to timesheet@parkerbridge.co.nz or faxing through to (09) 303 1496

Company name and address:		Week ending date:	___/___/20__
Name of temporary worker		Assignment start date	___/___/20__

In order to be paid the following Thursday, all timesheets MUST be received by the payroll department by **6:00PM FRIDAY OR AT THE LATEST 11:00AM MONDAY OF THE FOLLOWING WEEK.**

- **FULL DAY ANNUAL/SICK LEAVE:** Please leave the hours for that day blank and write 'Annual Leave' or 'Sick' in the Notes field, including the AMOUNT OF HOURS LEAVE YOU NEED TO TAKE (eg. 8 hours sick).
- **PART DAY ANNUAL/SICK LEAVE:** Please fill in start time, finish time and in the Notes field write how many hours you want to take as leave (eg. 4 hours annual leave).
- **SICK LEAVE:** If your current sick leave entitlement is 0.00, you may use your annual leave instead. Please note it the notes field (e.g. Please pay 4 hours from holiday pay). Please refer to your employment contract for more information regarding your sick leave accrual.

SUMMARY OF HOURS WORK

	Start time	Finish time	Time taken for break	Total hours worked (less break)	Please indicate NOTES or any OVERTIME
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
			TOTAL		

I certify that the total of _____ hours have been satisfactorily worked and that payment will be made in respect of these hours according to your Terms of Business. I confirm that I have seen and accept the Terms of Business as the basis for this transaction.

AUTHORISED SIGNATORY:

PRINT NAME PLEASE:

EMPLOYEE'S SIGNATURE:

DATE:

POSITION:

DATE:
