

Temporary Employment Weekly Timesheet

520 Cranford St, Papanui, Christchurch
DDI: 03-3350223

Fast Force Ltd

Employee Name: _____
Employee Signature: _____
Place of Employment _____
Week Ending: _____
Assignment Continuing <input type="checkbox"/> Assignment Ceasing <input type="checkbox"/>

Day	Date	Start Time	Break	Finish Time	Total Hours
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Total Hours					

Please authorise that hours worked above are correct. Timesheet must be returned no later than Monday 12pm to your consultant's email and to accounts@fastforce.co.nz .

Client Name: _____	Client Title: _____
Client Signature: _____	Date: _____

