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PERSONNEL TOUCH KAPITI WEEKLY TIMESHEET

Timesheets must be with our office by Monday 12noon

Email: timesheets.ptk@personneltouch.co.nz

Name:

Client:

Job Title:

Site:

Project Number:

Date	Day	Time Start	Time Finish	Less Meal Breaks	Total Hours	NOTES (PLEASE INCLUDE ANY LEAVE REQUIREMENTS IN THIS SECTION)
	Mon					
	Tues					
	Wed					
	Thurs					
	Fri					
	Sat					
	Sun					

Total hours for week

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Employee's Certificate: I hereby certify that this is a correct record of the hours worked by me and that no injuries were sustained. I undertake to treat as confidential all work performed by me on this assignment. I acknowledge my responsibilities with respect to Health and Safety whilst at work and my obligation to comply with Personnel Touch Ltd's Health and Safety Policy (a copy of which I have received) and health and safety procedures introduced by Personnel Touch Ltd.

Employee Signature:

Client's Certificate: It is hereby certified that the above hours are correct, the work was performed in a satisfactory manner and payment is authorised. We accept the terms and conditions which have been provided to us. We acknowledge that the Personnel Touch Ltd Employee has been given appropriate Health and Safety induction.

Client Signature:

Print Name: