**CANDIDATE NAME:**

**PLACE OF ASSIGNMENT:**

 **CONSULTANT NAME:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Day**  | **Start Time** | **Finish Time**  | **Lunch Break Taken**  | **Total Hours****Worked** |
|  | **MONDAY** |    |    |    |    |
|  | **TUESDAY** |    |    |    |    |
|  | **WEDNESDAY** |    |    |    |    |
|  | **THURSDAY** |    |    |    |    |
|  | **FRIDAY** |    |    |    |    |
|  | **SATURDAY** |    |    |    |    |
|  | **SUNDAY** |    |    |    |    |

|  |  |  |
| --- | --- | --- |
| **Notes:**  | **Total Hours** |  |

**N.B.** Timesheets must be filled in CORRECTLY to process payment. Your timesheet will only be processed if
received by the office no later than **5pm on Monday**

**Worker Declaration:** (NB Fraudulent recording is a criminal offence and may lead to legal action being taken against you).

1. I declare I have accurately recorded my time in this timesheet

2. I declare I have accurately recorded my mileage in this timesheet

3. I will notify Preston & Blythe immediately of any other periods of work undertaken during this week for other employers or businesses.

**Client Declaration:** I certify the above total number of shift hours have been undertaken and that payment will be made in respect of total shift hours according to the terms and business which I have received and have accepted as the basis of this transaction.

Candidate Signature: Date: \_\_\_\_\_\_\_\_\_

Client Signature: Date: \_\_ \_\_\_

**Phone 09 354 3202** Fax 09 354 3203

Level 1, 96 New North Road, Eden Terrace, Auckland

PO Box 8745, Symonds Street, Auckland 1150