

Hudson

Fax number: 0800 874 338 (0800 TSHEET) Email: nztimeandlabour@hudson.com

Please fax your approved timesheet by 4.30pm Monday following the week worked. Late submissions will result in late payment of up to 1 week. Please give this original to the client and retain a copy for your own records.

Please contact the Hudson Customer Experience Team on 0800 729 376 or via email on anzpayrollqueries@hudson.com for any payroll queries and to find out how you can submit your timesheet online through the Hudson Contractor Portal.

* YOUR NAME:

FIRST NAMES

SURNAME

YOUR DAYTIME CONTACT NUMBER:

* COMPANY NAME: PURCHASE ORDER OR COST CENTRE NO.:

* REPORTING TO:

FIRST NAMES

SURNAME

AREA: Akld / Wgtn / Chch (Please circle one) CONSULTANT:

FIRST NAME

Timesheet

	* MORNING FROM TO	* LUNCH BREAK FROM TO	* AFTERNOON FROM TO	* EVENING FROM TO	* (B) BEREAVEMENT (A) ANNUAL (PH) PUBLIC HOLIDAY (S) SICK	* TOTAL HOURS WORKED
* MONDAY DATE / /						
* TUESDAY DATE / /						
* WEDNESDAY DATE / /						
* THURSDAY DATE / /						
* FRIDAY DATE / /						
* SATURDAY DATE / /						
* SUNDAY DATE / /						
ADDITIONAL COMMENTS/HOLIDAY PAY REQUESTS:						*TOTAL HOURS WORKED THIS WEEK

* These are compulsory fields. Payment cannot be processed if these fields are incomplete or incorrect. Dates must be in full format. eg: dd/mm/yy. Incomplete or incorrect timesheets will result in late payment of up to 1 week.

Temp Agreement

I hereby certify that the hours shown were worked by me on this Assignment and no injuries have been sustained. I also agree to abide by my current Employment Agreement.

I accept that once my accrued and outstanding holiday pay has been paid out, should I enter into any further temporary employment assignments with Hudson, I shall have no right, at any stage, to take these days off work on pay, and that I shall have no further claim to this holiday pay whatsoever. I also accept and acknowledge that my entitlement to accrued annual leave and holiday pay will have been fully and finally settled.

* TEMP SIGNATURE: _____

Client Agreement

I hereby certify that the hours shown are correct. I hereby accept the offer of Hudson to provide the services of the Temporary to the Client subject to the Terms and Conditions of Service appearing on the reverse of this timesheet. I acknowledge that I have read and understood the Terms of Conditions of Service prior to entry into this Agreement.

* CLIENT SIGNATURE: _____

* TITLE: _____

* PRINT NAME: _____