To: Horizon Recruitment Ltd
Email: temp@horizonrecruitment.co.nz
Fax: 09 9144600

CONFIRMATION OF SERVICES – Time sheet

Temp Staffer to complete this section:

Designated Person :(You) _____

Client/Company:(Place of work) _____

Reporting to:(Supervisor while at work) _____

Assignment: (Role) _____

Week ending Sunday ____/____/____

I confirm that the hours shown were worked by me and I report that I have suffered no adverse medical condition during the hours worked. I will treat all work performed as strictly confidential. If I should be offered work as a volunteer or as a contractor or by way of temporary, casual, part-time, full-time or fixed term employment as a result of being on this assignment, I agree to discuss the opportunity offered with Horizon management before acceptance.

					Total hours less meal break	
Date	Day	Start time	End Time	*Meal Break	Hours	Minutes
	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					
	Saturday					
	Sunday					
				Weeks Total:		

*If you worked in excess of 6 hours, you must show a minimum of ¼ hour meal break taken after each 4 hour work period
Note: PUBLIC HOLIDAYS: Only record hours for a public holiday if you actually worked on the public holiday

Designated Person Signature: _____

Once fully completed by you and signed by you and our client, please leave a signed copy of this report with the client and email the original to Horizon before 10:30am Monday to ensure prompt payment. Email to: ***temp@horizonrecruitment.co.nz***

Client to complete this section:

Our temps are paid to the nearest ¼ hour. Our clients do not pay for unworked meal breaks or unworked public holidays. You confirm the hours, as set out, are correct and accept Horizon has provided these services upon the terms and conditions of its 'Agreement for Supply of Temporary and Contract Staff'. If the Designated Person is offered work, as a volunteer, as a contractor or by way of temporary, casual, part-time, full-time or fixed term employment as a result of being on this assignment at any time within six months of the completion date of this work assignment, you agree to pay Horizon the scale fee then applying for such an appointment.

Name: _____

Title / Position: _____

Purchase order No: (if any) _____ Signature: _____