

# TEMP TIMESHEET

To ensure prompt payment, please complete all of the following in full and scan to [accounts@ocg.co.nz](mailto:accounts@ocg.co.nz) or fax to 09 307 4889 before 10:00am Monday.

Employee Information	
Surname:	
First Name:	
Employee's No:	
Position:	
Phone No:	
Signature:	
Date:	
By signing this, you are certifying that the hours were worked by you during the week as shown below.	

Client Information	
Company Name:	
PO No:	
Approval's Name:	
Approval's Title:	
Phone No:	
Approval's Signature:	
Date:	
By signing this, you are verifying the hours worked, that you are satisfied with the work completed and that you accept the OCG Consulting Terms of Business.	

Certificate of hours worked for week ending:

Sunday




Please complete to the nearest ¼ hour

Day	Date	Time Start	Time Finish	Less Meal Time	Hours Worked		Note Holiday, Stat, Sick
					Hours	Mins	
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
Total Hours:							

Expenses	Description	Units	Rate	GST Inclusive
				\$

## IF REQUESTING HOLIDAY PAY PLEASE COMPLETE THE FOLLOWING:

1. Are you:	2. When will you be on holiday?	3. How much holiday pay do you want paid out?
<input type="checkbox"/> Finishing an assignment You do not need to complete questions 2 & 3	Last day at work:	A total of <input type="text"/> Days <input type="text"/> Hours
<input type="checkbox"/> Taking holidays Please complete questions 2 & 3	First day back:	Or all accrued
<input type="checkbox"/> Discontinuing your employment with OCG Consulting You do not need to complete questions 2 & 3		