

Employee Name:

Mobile Number:

Life made easy



Client	Dept	Date of Shift	Day	Day Start Time	Finish Time	Break Taken	Total Hours Worked	Mileage (if applicable)	Ward Managers or Team Leaders Name	Signature
			Mon							
			Tues							
			Wed							
			Thur							
			Fri							
			Sat							
			Sun							

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**

Address :
Level 1, 96 New North Road, Eden Terrace, Auckland
PO Box 8745, Symonds Street
Auckland 1150
www.lifepius.co.nz

Notes:

NEED MORE TIMESHEETS? Call us on FREE PHONE 0508 LIFENZ (0508 543 369)

Or visit www.lifepius.co.nz

Office Number : 09 354 3202

Fax : 09 354 3203

email timesheet to : payroll@lifepius.co.nz

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 Life Plus 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.

Signature: _____

Date: _____

Signature: _____

Date: _____