

222 High Street

Christchurch 8142

www.eqconsultants.co.nz

Ph: (03) 366-4034

Employee Name:

Employee #:

Customer:

Week Ending:

Customer Department:

Supervisor / Manager:

Date	Start Time	End Time	Regular Hrs.	Overtime Hrs.	Total Hrs.
WEEKLY TOTALS:					

Signing this time-sheet constitutes acceptance of EQ Consultants Terms and Conditions of business.

Employee Signature:

Date:

Supervisor Signature:

Date: