 **Timesheet**

**Fast & Save**

**Address:** 872B Mt Eden road – Three Kings – Auckland 1024 **Relief teacher name:**

**Phone: 0212 24 7 123**

**Email:** [aucklandreliever@gmail.com](mailto:aucklandreliever@gmail.com) **Relief teacher signature:**

**Service:** **24/7**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Centre name** | **Date** | **Start time** | **Finish time** | **Lunch length** | **Hours worked** | **Certified by …**  **Centre to complete** |
| **Printed name** | **Signature** | **Position** |
|  | Mon, |  |  |  |  |  |  |  |
|  | Tues, |  |  |  |  |  |  |  |
|  | Wed, |  |  |  |  |  |  |  |
|  | Thu, |  |  |  |  |  |  |  |
|  | Fri, |  |  |  |  |  |  |  |
| \*Please calculate your working hours and subtract your lunch length | | | | **TOTAL** |  | Agency use only: | | |