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Timesheet

**Centre
Name:** _____

Date: _____

Date	Reliever Name	Start Time	Time off for lunch	Finish Time	Daily Hours worked	Current NZ Practising Certificate Y/N	Reliever Signature

Manager/Supervisor Signature: _____ **Date:** _____

By signing this timesheet, **Relievers** are acknowledging that they have been provided with, read and understood the policies and procedures of this centre, in particular those pertaining to the safety of the children and staff.

In signing this form **Centre Managers/Supervisors** acknowledge that they have ensured the relievers were aware of any OSH policies and procedures. Further they acknowledge that the relievers were adequately supervised while in the centre. (Relievers should not be left alone with children, and are expected to be visible at all times.)