



*Education Personnel Limited*  
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 Wellington, NZ  
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 Fax: 387 8988  
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Employee Name: \_\_\_\_\_  
First Name Last Name

Please tick one:  Trained & Registered  Fundable (Primary Trained)  Unregistered

	Date	Start Time	Finish Time	Unpaid Break	Total Hours	Name of Centre	Signature on behalf of centre	Office Use Only
Mon								
Tue								
Wed								
Thurs								
Fri								

**Important information:**

- Time sheets should be sent each Friday afternoon;
- Please either fax, scan/photo and email or bring in to the office
- Time sheets received after 12pm each Monday will be paid the following week;
- Your pay will be direct credited to your account each Wednesday and appear in your account Thursday;
- It is your responsibility to ensure you account for all placements and have this time sheet signed by a centre representative, and;
- Fill in one time sheet each week and keep a copy for your own records.

**Health and Safety Declaration**

<b>Monday</b>	I, _____ declare that I have read and understood the Health & Safety Policy at _____ and agree to abide by this policy. I have also ensured that there are no hazards which may harm me or my work colleagues and will notify Education Personnel immediately if I have any concerns.  Signed: _____
<b>Tuesday</b>	I, _____ declare that I have read and understood the Health & Safety Policy at _____ and agree to abide by this policy. I have also ensured that there are no hazards which may harm me or my work colleagues and will notify Education Personnel immediately if I have any concerns.  Signed: _____
<b>Wednesday</b>	I, _____ declare that I have read and understood the Health & Safety Policy at _____ and agree to abide by this policy. I have also ensured that there are no hazards which may harm me or my work colleagues and will notify Education Personnel immediately if I have any concerns.  Signed: _____
<b>Thursday</b>	I, _____ declare that I have read and understood the Health & Safety Policy at _____ and agree to abide by this policy. I have also ensured that there are no hazards which may harm me or my work colleagues and will notify Education Personnel immediately if I have any concerns.  Signed: _____
<b>Friday</b>	I, _____ declare that I have read and understood the Health & Safety Policy at _____ and agree to abide by this policy. I have also ensured that there are no hazards which may harm me or my work colleagues and will notify Education Personnel immediately if I have any concerns.  Signed: _____