KoruCare Workforce Solutions
WEEKLY STAFF TIMESHEET

Employee Name		Employee ID	
Position / Role		Manager	
Facility / Client		Payroll Email	info@korucareworkforcesolutions.co.nz
Week Starting		Phone	
Week Ending		Due	Tuesday 10:00 Hours

Date	Day	Facility	Shift	Start	Finish	Break (mins)	Hours	Staff Sign	Manager Approval
	Monday								
	Tuesday								
	Wednesday								
	Thursday								
	Friday								
	Saturday								
	Sunday								
	Total								

Declaration: I certify that the hours recorded are true and correct.

Employee Signature		Manager Signature	
Date		Date	

Submission Instructions

- Complete all shifts worked.
- Obtain manager approval.
- Email completed timesheet to KoruCare by Tuesday 10:00 hours.
- Late timesheets may delay payroll processing.