



Name of Co-ordinator: \_\_\_\_\_

Complete in full then send information required via  
**ONLINE TIMESHEETS**

**www.etco.co.nz**  
**BEFORE TUESDAY 10:00AM**

APPRENTICE: \_\_\_\_\_ HOST COMPANY: \_\_\_\_\_

HOST SUPERVISOR'S SIGNATURE: \_\_\_\_\_ WEEK ENDING: \_\_\_\_\_

DAY OF THE WEEK	START TIME	FINISH TIME	HOURS WORKED	T x 1	T x .....	T x .....	ALLOWANCES
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
SUNDAY							
<b>TOTALS</b>							

**NB:PLEASE USE THESE CODES ON TIMESHEET – DO NOT INCLUDE HOURS**

<b>AL</b>	Annual Leave	<b>BEV</b>	Bereavement Leave
<b>SK</b>	Sick	<b>ACC1</b>	Work Accident
<b>STAT</b>	Statutory Holiday	<b>ACC2</b>	Non-Work Accident

**FOR ENQUIRIES PHONE: 0800 ASK ETCO (0800-275 3826)**