



T 01293 312 987  
 F 01293 535 192

**TIME SHEET**

Please complete this section fully

**COMPANY NAME:** ..... **NAME OF TEMPORARY:** .....

..... **WEEK COMMENCING:** .....

**ADDRESS:** ..... **ASSIGNMENT:** .....

..... **REPORT TO:** .....

..... **START DATE / TIME:** .....

**TEL NO:** ..... **CLIENT REF:** .....

**HOURS WORKED**

	START TIME	FINISH TIME	LUNCH BREAK	STANDARD HOURS	O/TIME HOURS
MON ..... (DATE)					
TUES ..... (DATE)					
WED ..... (DATE)					
THURS ..... (DATE)					
FRI ..... (DATE)					
SAT ..... (DATE)					
SUN ..... (DATE)					

**I CERTIFY THAT THE TOTAL HOURS WORKED ARE CORRECT AND AGREE TO PAY YOUR ACCOUNT IN ACCORDANCE WITH YOUR TERMS OF BUSINESS, WHICH I HAVE READ AND ACCEPT.**

**CLIENT'S SIGNATURE:** .....

**POSITION:** ..... **DATE:** .....

The information on this form is our basis for calculating our charge to you. Therefore please check the information and initial any amendments. Should your company make an offer of permanent employment to one of our temporary staff, a permanent placement fee will normally be applicable – refer to our terms of business for more information.