

FAX TO: 0844 257 0052

WEEKLY TIMESHEET

Candidate Name..... Week Ending.....

Company Name..... Position.....

Address.....

	Start Time	Finish Time	Overtime	Breaks	Total regular hours worked	Total overtime hours worked
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
Total Hours Worked						

TIMESHEETS MUST BE COMPLETED, SIGNED BY THE CLIENT AND RETURNED TO THE AGENCY BY 10.00AM ON THE FOLLOWING MONDAY TO ENSURE PAYMENT ON THE FOLLOWING FRIDAY. FAILURE TO DO SO COULD RESULT IN DELAYED PAYMENT.

Candidate Authorisation:

I confirm I have worked the hours detailed and have taken a copy for my own records.

Signed..... Name in BLOCKS.....

Client Authorisation:

I confirm that the above temporary worker has completed the stated hours satisfactorily and that payment will be made in respect of these, in accordance with the terms and conditions of business which I have received and accept as the basis of this transaction.

Signed..... Name in BLOCKS.....

Position..... Date.....