



TEMPORARY SERVICES TIMESHEET
 TO BE RECEIVED NO LATER THAN 10AM MONDAY EACH WEEK,
 OTHERWISE PAYMENT MAY BE DELAYED

If we can be of assistance please call
 Tel: (01603) 761717
 Fax: (01603) 761581

TEMP NAME: COMMENCING DATE:

TEMP JOB TITLE: HOURS OF WORK:

CLIENT NAME: PERSON REPORTING TO:

CLIENT ADDRESS:

RECORD OF HOURS IDENTIFYING AND DEDUCTING ALL MAIN BREAKS

	SUN	MON	TUES	WED	THURS	FRI	SAT	
START								
BREAKS								
FINISH								
TOTAL BASIC HOURS								
TOTAL O/TIME HOURS								

TOTAL HOURS

It is hereby certified that the hours shown are correct, excluding all main breaks and that the work was performed satisfactorily in accordance with the Work Specification incorporating the Company's terms and conditions of business.

.....
 TEMPORARIES SIGNATURE PRINT NAME (BLOCK CAPS) JOB TITLE (BLOCK CAPS) DATE

.....
 CLIENT SIGNATURE PRINT NAME (BLOCK CAPS) POSITION (BLOCK CAPS) DATE

Please make 3 copies of the timesheet, 1 Client, 1 Candidate, 1 The Personnel People