



Temporary employee timesheet

Complete & Fax to: 01204 697980

PLEASE COMPLETE ALL SECTIONS OF THE TIME SHEET
 Faxed timesheets must be received by Monday 12noon to ensure payment

Failure to return timesheets on time will result in late payment of salary. Thank you for your co-operation.

| | | | | | | | |
|---|--|------------|--------------|------------------------|---------------------|-----------------|--------------------|
| Name of temporary employee: | | | | | | | |
| Week Ending: | | | | Client Company: | | | |
| Day | Please fill in start/end times, hours and days worked (do not leave any boxes blank) | | | | | | |
| | AM | | PM | | Hours Worked | | Days Worked |
| | Start | End | Start | End | Normal | Overtime | |
| Sat | | | | | | | |
| Sun | | | | | | | |
| Mon | | | | | | | |
| Tue | | | | | | | |
| Wed | | | | | | | |
| Thu | | | | | | | |
| Fri | | | | | | | |
| Total in numbers (e.g. 37) | | | | | | | |
| Total in words (e.g. thirty seven) | | | | | | | |

I confirm that the above employee worked the hours stated above in that week.

Client signature..... Date.....
Signature confirms acceptance of our Terms & Conditions of Business for contract/temporary staff

Client name.....

Position.....