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Date:

TIME SHEET MUST BE RETURNED OR FAXED TO THE OFFICE BEFORE 2PM ON MONDAY PLEASE ENSURED THAT ALL TIMESHEETS MUST BE SIGNED BY AN AUTHORISED PERSON

Names:	
Job Title :	Staff Signature:
Client Name:	
Client Address: Post Code:	Times Sheet No

(BLOCKCAPITALS) DETAILS OF WORK DONE)

Day	Date	Start Time	Finish Time	Break	Total Hour	Authorised Signature
MON						
TUE						
WED						
THUR						
FRI						
SAT						
SUN						
COMMENTS:					HOURS WORKED	
					HOURS FOR PAYMENTS	

By signing this timesheet we accept and agree that the hours worked by the Temporary worker as set out above are correct to your Terms and Conditions of Business for the supply of Temporary workers or the introduction of Permanent staff.

Signature..... Date:

Name: Position: