

Company Name : _____ Employees Name: _____

Work Address: _____ Purchase Order Number _____

Week Ending: _____ Line Manager: _____

Total Hours Worked (Excluding Breaks)	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Totals
Standard Hours								
Overtime Rate								
Total								

Client Signature: _____ Print Name: _____

Position: _____ Date: _____

**This signature authorising this timesheet is taken as acceptance of hours worked, the Terms and Conditions detailed overleaf and the work has been carried out in a satisfactory manner. All break/rest periods have been deducted and authority to invoice these hours and acceptance to pay said on invoice for these hours*

**The operative agrees to accept work on this contract at an hourly paid rate for period required by the client on a temporary employment basis.*

PLEASE ENSURE ALL TIMESHEETS ARE RETURNED BY 3PM MONDAY FOLLOWING THE WEEK WORKED