

WEEKLY TIMESHEET

Week Commencing:

Temporary Worker:

Client:

	Start	Finish	Lunch	Start	Finish	TOTAL
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

IF THIS IS YOUR LAST WEEK OF WORK PLEASE TICK

I _____ the Client confirm that payment in full will be made in accordance with our Terms of Business.

Client Signature:

Date:

ONCE SIGNED PLEASE TAKE 2 COPIES OF THIS:
 1. Keep the original for your records
 2. Give a copy to the client to keep
 3. Post, Email or Fax a copy to us

REMEMBER – WE MUST RECEIVE YOUR SIGNED TIMESHEET BY CLOSE OF BUSINESS ON YOUR LAST WORKING DAY OR AT THE VERY LATEST 9.00am THE FOLLOWING MONDAY MORNING. FAILURE TO DO SO COULD RESULT IN A DELAY IN PAYMENT.

YOU MUST PHONE THE OFFICE AND SPEAK TO A CONSULTANT TO CONFIRM THAT WE HAVE RECEIVED YOUR TIMESHEET
WE WILL NO LONGER CALL TO CHASE TIMESHEETS