

Client Details	Temporary Details
Contact / Dept:	Name of Temp:
Company Name:	Assignment Detail:
Company Address:	Assignment - Week Ending Date:

Time Sheet Calculator					
	Time Started	Time Finished	Overall Hours	Less Breaks	Total Hours
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Total Paid Hours Due					

Please note: All paid hours are rounded to the nearest 15 minutes.

I certify that the total hours, including overtime hours, have been satisfactorily worked and that payment in respect of these will be made according to your terms of business which I have received from you and accept as the basis for this transaction.

Signature: (e-Signature accepted)

Position:

Date:

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PLEASE ENSURE THAT THE TIME SHEET IS FULLY COMPLETED AND SIGNED.
MAKE 2 COPIES, GIVE ONE TO THE CLIENT AND KEEP THE OTHER FOR YOUR RECORDS.
RETURN THE ORIGINAL TO US BY EMAIL ON FRIDAY TO ENSURE YOUR PAYMENT.