

Week Ending - \_\_\_\_/\_\_\_\_/20\_\_\_\_

Please return the fully completed and signed timesheet by 4pm on Monday to ensure payment.

Temp Name		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday		Total	Total	
Name	Trade	Basic	o/time	Basic	o/time	Basic	o/time	Basic	o/time	Basic	o/time	Basic	o/time	Basic	o/time	Basic	o/time	Total

Client	
Site	
Address	
Invoice	
Address	

I hereby certify the total hours above are a correct record of the hours worked for the Temporary Worker, I have already deducted the breaks and understand that these hours will be used to calculate the charge for basic/overtime hours. I also accept Temple Recruitment Specialists terms & conditions to be legally binding. I am authorised by the client to sign this timesheet.

Print Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signed: \_\_\_\_\_