

TIME SHEET



understanding & meeting your recruitment needs

Office

1 & 2 Saints Court, All Saints Green, Norwich NR1 3LP
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27/29 Guildhall Street, Thetford Norfolk IP24 2DT
Tel: Thetford (01842) 750222 Fax: (01842) 751415

4a Princes Street, Ipswich, Suffolk IP1 1QT
Tel: Ipswich Ind/Office: (01473) 253036 Fax: (01473) 251958

Full Name	Category
Company Name	Week Ending (Sunday)
Address	
Telephone Number	
Report To	Start Time

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time							
Finish Time							
Paid Breaks							
Unpaid Breaks							
Total Shift hours							

To be completed by the client:

I certify that the above total number of shift hours have been undertaken to our satisfaction and that payment will be made in respect of total shift hours (including time claimed for Paid Breaks, but excluding Unpaid Breaks, where detailed), according to the terms of business which I have received and have accepted as the basis of this transaction.

Client's Signature _____ Date _____

Printed Name _____ Order No. _____

Client's Comments _____

To be completed by the temporary worker:

I hereby confirm that the above is a true and accurate record.

Temporary Worker's Signature _____ Date _____

Printed Name _____

Always send or fax your time sheet as soon as possible.
 Payment may not be released until we receive a timesheet.

Temporary Worker's Comments _____

White copy to: Contract Personnel Blue copy for: Temporary Worker Yellow copy for: Client