Temporary Workers Timesheet

Please note: Timesheets Received after 12 noon on Monday may not be included in payroll that week. Please ensure that this timesheet is completed in full and any alterations are countersigned and faxed through to Fax No: 08 and/or the original posted to our offices.

Temporaries Name_____

Week Ending: _____

Client Contact								
Address Worked								
	Date	Start	Lunch	Finish	Total	Overtime Start Finish		Total
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
Total Standard Hours						Total Overtime Hours		
By signing this declaration you are confirming that the number of hours worked are correct and that work carried out was satisfactory. As an agent acting on behalf of your company, you are authorising payment to the candidate and payment of the invoice.				Client Name (Please Print)				
				Position				
In the event any candidates are employed on full time basis after being introduced by < <your agency="">> the client will pay a fee based on the terms and conditions agreed.</your>				Signature:				