

TEMPORARY STAFF WEEKLY TIME SHEET

Company Name	Temporary Worker's Name	Date of Birth
Company Address	Department	Week Ending Friday


1. PLEASE COMPLETE AND RETURN THIS TIMESHEET BEFORE 1pm MONDAY

2. PLEASE ADD UP TOTAL HOURS WORKED TO THE NEAREST 1/4 HOUR

3. THE TEMPORARY'S ATTENTION IS DRAWN TO THE TERMS OF ENGAGEMENT OF TEMPORARY WORKERS PROVIDED AT REGISTRATION

NOTE:-

1. Have you written your name and date of birth on this timesheet?
2. Have you totalled your weekly hours excluding your lunch break?
3. Have you stated the Friday weekend to which this timesheet refers?

	EXAMPLE	MON	TUES	WEDS	THURS	FRI	SAT	SUN	TOTAL HOURS
Start Time	9.00								
Finish Time	5.45								
Lunch Break	-1hr	DEDUCT FROM TOTAL							
Hours Worked	7.45								

CLIENT AUTHORISATION.

I confirm that the above hours are correct and that I have read and agree to your terms of business previously supplied

COMPANY AUTHORISED SIGNATURE

POSITION

DATE

TEMP. AGREEMENT.

I confirm that I have worked the above hours and that I have read, understood and agree to the Terms of Engagement of Temporary Workers provided at registration.

TEMP SIGNATURE

DATE