

Company Name:

Temp Name:

Address:

Temp Role/Position:

Temp Payroll Number:

Site Address:

Temp Tel No:

Managers Name:

Fax Number:

Week Ending (Friday):

Please ensure that all details are entered clearly and accurately. **All timesheets should be returned (by fax, post or hand) to Time Recruitment Solutions no later than 5pm on the Monday following the week end.** PLEASE CHECK THAT TIMESHEETS ARE SIGNED BEFORE RETURNING. Thank You

Weekly Timesheet

Day	Start Time	Finish Time	Hours Worked	Breaks	Chargeable Hours (Total Hours Less Breaks)
Saturday					
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Total Hours					

Temp Signature

Date

I/We confirm that the hours recorded above are correct and the standard of work of all operatives was satisfactory. I/we agree to pay time Recruitment Solutions Ltd's invoice in respect of the hours above within 14 days from date of invoice. I/We confirm that Time Recruitment Solutions Ltd's terms and conditions of business are the sole terms of this contract..

Manager Signature

Date

TO ENSURE PAYMENT PLEASE FAX THIS TIMESHEET TO 0844 777 4846 NO LATER THAN 5PM ON THE MONDAY FOLLOWING THE WEEKEND DATE.

