



Business Recruitment Specialist
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Licence No. SW1 709. Registered in England No. 4705364

TIMESHEET

CLIENT ADDRESS:

CLIENT NUMBER:

TIMESHEET NUMBER:

ORDER NUMBER:

ASSIGNMENT START DATE:

ASSIGNMENT END DATE:

NAME OF TEMPORARY WORKER

NATURE OF TEMPORARY WORK:

WEEK ENDING

	TIME STARTED	TIME FINISHED	LUNCH HOUR	HOURS AT NORMAL RATE	HOURS AT OVERTIME RATE
MON					
TUES					
WED					
THUR					
FRI					
SAT					
SUN					
TOTAL					

I confirm that the above hours have been satisfactorily worked and that payment will be made in respect of these according to your terms of business which I have received and accept as the basis of this transaction.

AUTHORISED SIGNATURE _____

PRINT NAME & DEPARTMENT _____

DATE _____

**TIMESHEET DEADLINE - 10 A.M. MONDAY
FAX TO 0117 925 5941**