

Weekly Time Sheet

Temporary's Name:

Position:

Company: Department:.....

Address: Reporting to:.....

**COMPLETED TIME SHEETS MUST BE RETURNED TO THE BRANCH BY 9.00 am MONDAY.
PLEASE UNSURE THAT HOURS ARE TOTALLED TO THE NEAREST 15 MINS.**

Week ending

DAY	DATE	START	FINISH	LESS BREAKS	STANDARD HOURS	OVERTIME HOURS	TOTAL HOURS WORKED
SUNDAY							
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
				TOTAL			

Temp's Signature:

Print Name: Date:

PLEASE COMPLETE ALL SECTIONS IN FULL. NO ALTERATIONS WILL BE ACCEPTED UNLESS INITIALED BY CUSTOMER. ALL TIME SHEETS MUST BE SIGNED. PLEASE RETAIN RELEVANT COPY FOR YOUR RECORDS.

Cust Signature: Position:

Name (Block Letters): Date:

BY SIGNING THIS TIME SHEET WE ACCEPT AND AGREE THAT THE HOURS WORKED BY THE TEMPORARY WORKER AS SET OUT ABOVE ARE CORRECT AND WE AGREE TO YOUR TERMS AND CONDITIONS OF BUSINESS AS SET OUT OVERLEAF.

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