

DATE ISSUED

DATE RECEIVED
TIME RECEIVED



TIMESHEET

PAYMENT OF WAGES CANNOT BE GUARANTEED IF TIMESHEET IS RECEIVED AFTER 5PM MONDAY

Client Name _____ Timesheet Number _____
 Account Address _____ Client Account Number _____
 Order No. _____
 Week-Ending Date _____
 Week Commencing _____
 Name of Temporary Worker _____ Payroll No. _____
 Report To _____

Record of hours identifying all main breaks - Please enter hours as 24 hour clock
 Cross through any days not worked

	MON	TUES	WED	THUR	FRI	SAT	SUN	TOTAL HOURS
START								
FINISH								
START								
FINISH								
BASIC HOURS								
O/TIME HOURS								
CLIENT INITIAL/SIGNATURE								

It is hereby certified that the hours shown are correct, excluding all main breaks and that the work was performed satisfactorily in accordance with the prevailing terms and conditions.

Client Signature _____ Print Name (Block caps) _____ Title (Block Caps) _____
 I hereby certify that I have worked the hours shown.
 Candidate Signature _____ Print Name _____

FOR OFFICE USE ONLY

BASIC PAY RATE	PAY HOURS	BILL HOURS	BILL RATE
OVERTIME PAY RATE	PAY HOURS OVERTIME	BILL HOURS OVERTIME	BILL RATE OVERTIME



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