

# TIMESHEET

## WEEKLY TIMESHEET

E :

W :

T :

Please email completed timesheets to \_\_\_\_\_  
To be completed and returned by \_\_\_\_\_ on the following \_\_\_\_\_ to be processed for payment.

Temps Name : \_\_\_\_\_ Temps Signature : \_\_\_\_\_

Week Ending : \_\_\_\_\_ Date : \_\_\_\_\_ Agency : \_\_\_\_\_

	Start	Lunch	Finish	Hours	Overtime	Comments
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
Total Hours						

### Client Declaration

I certify that I am an authorised employee of the named client and that the above named Temporary Worker has attended for assignment with us at the stated times and to our satisfaction. By signing this timesheet I certify that I have read and agree to be bound by the Terms & Conditions of Recruitment Funding Solutions.

Client Name : \_\_\_\_\_ Client Signature : \_\_\_\_\_

Position : \_\_\_\_\_ Date : \_\_\_\_\_

Address : \_\_\_\_\_

NOTICE TO TEMPORARY WORKER: If there are any queries regarding pay, please phone Recruitment Funding Solutions - 03300 539 439