

CLIENT .....

ADDRESS .....

W/E

REPORT TO .....

SUN / /

DEPT .....

**FOR COMPLETION BY THE EMPLOYEE (ENTERS TIMES IN HOURS & MINUTES)**

NAME ..... JOB DESC .....

	START	FINISH	TOTAL HRS	BREAKS	HOURS WORKED
MON					
TUE					
WED					
THUR					
FRI					
SAT					
SUN					
<b>IMPORTANT: COMPLETED TIME SHEETS MUST BE RETURNED TO OFFICE BY 12NOON MONDAY TO ENSURE PROMPT PAYMENT</b>					<b>TOTAL HOURS</b>

**DECLARATION: THE ABOVE IS A TRUE AND ACCURATE RECORD OF HOURS FOR WHICH PAYMENT IS DUE.**

**FOR COMPLETION BY THE CLIENT**  
 WE CERTIFY THAT THE TOTAL HOURS WORKED ARE CORRECT AND WE WILL ACCEPT YOUR ACCOUNT FOR THE CHARGEABLE HOURS SHOWN. WE AGREE TO YOUR TERMS AND CONDITIONS OF BUSINESS AS SHOWN OVERLEAF AND ACCEPT THAT YOUR NORMAL SCALE OF PERMANENT INDUCTION FEE WILL BE PAYABLE SHOULD THE ABOVE NAMED TEMPORARY ENTER EMPLOYMENT WITH US.

Signed ..... Signed ..... Position .....

Circulation: Top Copy-OFFICE (white)

Second Copy - TEMP (yellow)

Third Copy - CLIENT (pink)