

TIME SHEET

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Client Name & Address:

Temp Name:

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|  |
| Reporting to: |

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| --- |
| Company Hours: |

**Timesheets must be received by 12.00 Monday in order for payment to be in your accounts on Friday.**

**Fax: 01189 770388 Email: admin@journeyrecruitment.co.uk**

Week Ending Date:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| Start Time |  |  |  |  |  |  |  |
| Meal Breaks(in mins) |  |  |  |  |  |  |  |
| End Time |  |  |  |  |  |  |  | **Total Hours** |
| Total HoursWorked |  |  |  |  |  |  |  |  |

TO BE COMPLETED BY THE TEMPORARY WORKER

I certify that I have worked the hours as detailed.

Temporary Worker’s Signature:

Date:

TO BE COMPLETED BY THE CLIENT

I agree that the chargeable hours as detailed above are (in words) and that the assignment has been carried out to our satisfaction. Furthermore I have read and understood Journey Recruitment Limited’s Terms of Business and Payment Terms.

Authorised Signature: Position:

Print Name: Date: