



TIME SHEET

Please email your signed timesheet to:
danny@accountancyaction.com
(or alternatively Fax to: 0208 736 0401)

TO BE FILLED IN BY THE TEMPORARY WORKER FOR WEEK ENDING FRIDAY:

NAME OF TEMPORARY WORKER.....

HOME ADDRESS.....

SIGNATURE :

CLIENT NAME

CLIENT ADDRESS

HOURS WORKED

Exclusive of lunch hours and traveling time
Please state part hours as a decimal eg half hour = 0.5

DAYS STANDARD HOURS OVERTIME HOURS TOTAL HOURS

Saturday			
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
TOTAL			

I HEREBY CERTIFY that the above hours worked are a correct record of the hours worked by the Temporary worker and that payment will be made in respect of these hours according to the terms and conditions of business which I have received and accept as the basis of this transaction.

CLIENT SIGNATURE.....

CLIENT NAME.....

POSITION.....**DATE**