

TIMESHEET



TEMP NAME:

COMPANY NAME:

WORKING ADDRESS:

BOOKING START DATE:

JOB TITLE:

REPORT TO:

DEPT/P.O. NUMBER:

UNIFORM:

THIS DOCUMENT MUST BE RETURNED TO THE OFFICE FOR PROCESSING BY MIDDAY MONDAY FOR PAYMENT THE FOLLOWING WEEK COMPLETE WITH YOUR NAME, THE COMPANY NAME (THE BUSINESS AT WHICH YOU WORKED) THE FIRST DATE YOU WORKED TOGETHER WITH YOUR START AND FINISH TIMES AND TOTAL HOURS FOR PAYMENT. IT IS NOT VALID WITHOUT AN AUTHORISED CLIENT SIGNATURE.

	START	FINISH	MEAL BREAK	HOURS WORKED			
				Hours	Minutes		
e.g.	7.00am	3.00pm	30 mins	0	7	3	0
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
Total Hours Worked (in words)							

To be completed by client

- a) I/We certify that hours shown on this timesheet have been worked and are subject to the overtime premium agreed
- b) We have received and accepted the HHC LONDON LTD. Terms of Business.

AUTHORISED

CLIENT SIGNATURE: _____

Please print your name in block capitals below

PRINT NAME: _____

DATE: _____