



First Floor North  
 Cross Keys House  
 22 Queen Street  
 Salisbury  
 SP1 1EY  
 Tel: 01722 414140  
 Fax: 01722 335086

## Timesheet

Temp name: \_\_\_\_\_

Mob: 07443 629 650

Client: \_\_\_\_\_

Job title: \_\_\_\_\_

Week ending: \_\_\_\_\_ Week No. \_\_\_\_\_

(Please complete to nearest 1/4 hour)	Start time	Finish time	Breaks (hours)	Standard hours worked (excl. breaks)	Overtime hours (1.5x)	Overtime hours (2x)
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
Totals						

The above employee is under contract to the agency, and cannot accept any position with your organisation, other than by agreement with the agency and upon payment of the agency's standard introduction fee in accordance with agency's standard terms of business

I certify that the attendance and work of the above employee has been satisfactory, and that no claim will be made against the agency's invoice

Client signature \_\_\_\_\_

Printed name \_\_\_\_\_

**This timesheet must be signed by the Client and at our offices  
 by 12 Noon on Monday to qualify for payment that week**