

Direct Response Employment Services

43 Roundstone Street, Trowbridge, Wiltshire, BA14 8DE Tel: 01225 776500 Fax: 01225 753931

WEEKLY TIME SHEET

Company Name: _____	Job Title: _____
Address: _____ _____	Contract Hours: _____ Contract Days: _____ Start Date: _____
Contact: _____	Employee Name: _____
Week Commencing: _____	Break Time: _____

It is the responsibility of the Temporary Employee to complete this Time Sheet and get it signed at the end of the week by a Supervisor/Manager

Start Time							
End Time							
Total lunch break							
Total hours Worked Less Lunch break							
Please use the 24-hour clock when filling in your hours. Thank you.	Total hours worked	Pay	Bill				
	Overtime worked	Pay	Bill				

INFORMATION FOR CLIENT

I HAVE READ AND ACCEPT DRES TERMS AND CONDITIONS OF BUSINESS AND ACCEPT THE HOURS WORKED BY THE TEMPORARY WORKER WHO PERFORMED HIS/HER DUTIES IN A SATISFACTORY MANNER. UNLESS PREVIOUSLY STATED THE ABOVE HOURS ARE GUARANTEED 8HRS PER DAY. PAY RATES AGREED PER ASSIGNMENT AND BY PRIOR NEGOTIATION.

I UNDERSTAND THAT NO AMENDMENT OR ADJUSTMENT CAN BE MADE TO THE HOURS ABOVE ONCE THE TIMESHEET HAS BEEN PAID. I CONFIRM THAT I AM AUTHORISED TO SIGN THE TIMESHEET ON BEHALF OF THE COMPANY.

PLEASE PRINT COMPANY NAME: _____

PLEASE PRINT COMPANY REPRESENTATIVE: _____

SIGNATURE HERE: _____

PLEASE DATE: _____

Time Sheets must be in by Monday 0900 at the latest to be paid on time.
No guarantees after that time.