

# *Direct Response Employment Services*

50 Fore Street, Trowbridge, Wiltshire. BA14 8ES Tel: 01225 776500 Fax: 01225 753931

## WEEKLY TIME SHEET

Company Name: _____	Job Title: _____
Address: _____	Contract Hours: _____
_____	Contract Days: _____
_____	Start Date: _____
Contact: _____	Employee Name: _____
Position: _____	Employee Reg: _____
Working in Dep: _____	Break Time _____
Week Commencing: _____	

It is the responsibility of the temporary employee to complete this time sheet and to get it signed at the end of the week by a supervisor/manager

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start time							
End time							
Total lunch break							
Total hrs 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 THE CLIENT**

I have read and accept these 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 8 hrs 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 9am latest, to be paid on time.  
No guarantees after that time.**