



TIME SHEET

DETAILS			
Client Name:			
Client Telephone No:			
Report to Contact:			
Temporary Worker Name:			
Week Commencing Date:			
Start Date:			
Start Time:			
DAYS WORKED	START TIME	FINISH TIME	TOTAL HOURS (excluding breaks) <small>Please record hours to the nearest 15 minutes</small>
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Overtime (<i>Note: Must be agreed with the client</i>)			
TOTAL WEEKLY HOURS			

TEMPORARY WORKER INFORMATION:

This Time Sheet must be sent to Clockwork Recruitment by 10.00 a.m. on Monday at the latest or your pay may be delayed by a full working week. Please send to: info@clockwork-recruitment.co.uk.
If your Time Sheet is not signed by the authorised client your pay may be delayed - it is your responsibility to have this document signed officially and on time.

BY SIGNING THIS TIME SHEET, YOU ARE CONFIRMING THAT YOU AGREE WITH THE HOURS WORKED AT THE AGREED RATE.

Client Name: _____	Date: _____
Client Signature: _____	

(I certify that the hours worked by the Temporary Worker provided by Clockwork Recruitment are correct)

