| **Week ending date:** |  |
| --- | --- |

| **Day** | **Day** | **Night** | **Evening** | **Total** |
| --- | --- | --- | --- | --- |
| Monday |  |  |  |  |
| Tuesday |  |  |  |  |
| Wednesday |  |  |  |  |
| Thursday |  |  |  |  |
| Friday |  |  |  |  |
| Saturday |  |  |  |  |
| Sunday |  |  |  |  |
| **Weekly totals:** |  |

**Temporary worker signature**

| **Name** |  |
| --- | --- |
| **Office** |  |
| **Service provider** |  |
| **Signature** |  |

Clients are requested to check that the information above is correct. Your signature on this timesheet is our authority to submit a charge to you for the amount of hours claimed and is also confirmation of your acceptance to our conditions of hire. Copies of these conditions are available upon written request.

 **Manager signature**

| **Manager** |  |
| --- | --- |
| **Position** |  |
| **Company** |  |
| **Telephone** |  |
| **Date** |  |
| **Signature** |  |

Send timesheet to:

* Address:
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* Email: