

TEMPORARY STAFF TIMESHEET

Week Commencing:

Client Name:

Client Address:

Temps Name:

Temps Signature

| Day of Week | Start | Finish | Break | Approved Overtime | Total Hours worked to nearest 15 mins | |
|-------------------------------------|-------|--------|-------|-------------------|---------------------------------------|--|
| Saturday | | | | | | |
| Sunday | | | | | | |
| Monday | | | | | | |
| Tuesday | | | | | | |
| Wednesday | | | | | | |
| Thursday | | | | | | |
| Friday | | | | | | |
| Total hours/minutes worked | | | | | | |
| Total overtime hours/minutes | | | | | | |

Authorised Client's SignatureDate.....

I certify that the total hours have been satisfactorily worked and that the payment will be made in respect of these according to your terms and conditions of business which I have received and accept as the basis of this transaction.

Please ensure your timesheet is signed by your line manager before scanning and returning by email to timesheets@coastal-career-consultants.com

By signing this timesheet you hereby accept all of our Terms and Conditions which can be found on our website.