## **TEMPORARY STAFF TIMESHEET**

Day of Week	Start	Finish	Break	Approved	Total				
Temps Signature									
Temps Name:									
Client Address	:								
Client Name:									
Week Comme	ncing:								

Day of Week	Start	Finish	Break	Approved	Total Hours worked to nearest 15 mins	
				Overtime		
Saturday						
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Total hours/m	inutes w	orked				
Total overtime	e hours/n	ninutes				

Authorised Client's Signature	DateDate
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I certify that the total hours have been satisfactorily worked and that the payment will be made in respect of these according to you 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.

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