



DAGMAR TARA
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London EC2M 5TU

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TIMESHEET

Work Address 	Timesheet Number: Account Number: Your Reference: Week Ending Date: Assignment Start Date:			
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">Name of Temporary Worker</td> <td style="width: 30%; border: none;">Reg No</td> <td style="width: 40%; border: none;">Category</td> </tr> </table>	Name of Temporary Worker	Reg No	Category	
Name of Temporary Worker	Reg No	Category		

					Hours Worked Analysis		
	Time Started	Time Finished	Time Taken For Breaks	Total Hours Worked	Normal Rate	Rate 1	Rate 2
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
Totals							

I confirm I have worked the hours shown above. I claim payment at the agreed rate and confirm I have accepted the terms of engagement a copy of which is set out overleaf.

(Signature)

Date:

The normal and overtime hours shown above have been satisfactorily worked by the temporary worker named and we will accept your charge for these hours at the agreed rate. We confirm we have accepted your terms of business, a copy of which are set out overleaf, and understand that should the temporary worker be offered employment a further fee will become payable.

Signed

On behalf of Client

Date:

Name: