

TIMESHEET Clarke Recruitment Solutions

Surname:				Payroll No:			
First Names:				Week Ending:			
Nature of Booking:				T/S No:			
Booking At:				Phone No			
Invoice Address							
Client a/c No.				Order No.			
Reporting to:				Dept.			
Start Day		Time		Date			

Notes to Temporary

This timesheet must be handed in / faxed by Friday 6.00pm at the latest or your pay will be a week late. Please make sure its signed by the client or no payment will be made. If you are unable to report for work immediately notify the agency.

Basic Hours Worked – Less Meal Breaks

MON	TUES	WED	THUR	FRI	SAT	SUN	TOTAL

Signature of Temporary Worker _____

Client Authorisation

I certify the hours above were worked to my satisfaction. I confirm that the invoice will be paid within 7 Days from the week ending date above. I have received a copy of the company's terms of Business.

Name (In Capitals)		Signature	
Position		Date & Time	