

# Time Sheet

Job Number:

Temporary Worker:

Temporary Position:

Week Ending:

Report To:

Company:

Address:

Example	Time Start			Time Finish			Lunch (mins)		Total Hours worked		
Day	8	:	30	5	:	30	6	0	8	:	00

Mon	:			:					:		
Tue	:			:					:		
Wed	:			:					:		
Thu	:			:					:		
Fri	:			:					:		
Sat	:			:					:		
Sun	:			:					:		

All hours to be checked and signed by client

Total hours  
To be paid / charged

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I certify the above hours have been worked and, as an authorised representative of the Client, agree to pay the invoice upon receipt and abide by the terms and conditions of business, copy of which I acknowledge receipt.

Client's Signature:

Date:

**TIME SHEET TO BE RETURNED TO BRANCH BY 9.00AM MONDAY FOLLOWING WEEK WORKED**