TEMPORARY STAFF
WEEKLY TIMESHEET

NAME _____

POSITION _____

CLIENT _____

W/C DATE _____

DAY	START	BREAK	FINISH	TOTAL
SUN				
MON				
TUES				
WED				
THU				
FRI				
SAT				
SUN				

We Certify that the total hours worked are correct. We accept your accounts for the chargeable hours at the agreed rates. I certify that the above information is true and

TIMESHEET AUTHORISED BY: _____

POSITION IN COMPANY: _____