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Timesheet

PLEASE SEND COMPLETED TIMESHEETS BY MONDAY 12 NOON TO FAX NUMBER 020 7371 5550 – FAILURE IN COMPLETING THE TIMESHEET PROPERLY WILL RESULT IN DELAYED PAYMENT.

Name of Temporary:

Position:

Company Name:

Week ending date:

Job Number:

	FROM	TO	LUNCH TAKEN	NORMAL HOURS	OVERTIME HOURS
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					

Total overtime hours worked _____

Total hours worked _____

CERTIFICATE OF HOURS WORKED

I certify the total of hours, including overtime hours, have been satisfactorily worked and that payment in respect of these will be made according to your Terms of Business which I have received from you and accept on the basis of this transaction.

Date.....

Signature.....

Name & Position.....