



TIME SHEET

Temporary Name -----

Address -----

Client -----
 Contact Name -----
 Position -----

Hours Worked for week Ending -----:

	Time In	Time Out	Less Lunch break	Total Hours
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Total Hours For Week				

Client Signature -----

Printed Name -----

Temporary's Signature -----

Date -----

PLEASE FAX TO US EACH FRIDAY BEFORE 10AM IF POSSIBLE TO
 ENSURE PROMPT PAYMENT. Thank you Fax: 01932 268500