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TIME SHEET

Name of Temporary Worker	Job Title	Week Ending Date

Summary of Hours Worked

	Time Started	Time Finished	Lunch Break	Hours Actually Worked (nearest ¼ hour)
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				
SUNDAY				

TEMPORARIES: A signed timesheet must reach the office by 9am on the Tuesday following the week worked or your payment will be delayed. **TOTAL**

CLIENT: Please sign to certify these hours have been worked satisfactorily and that payment will be made according to Terms and Conditions of Business.

COMPANY (CLIENT) NAME: _____ **CODE:** _____

ADDRESS: _____

OFFICE USE ONLY

NORMAL HOURS	
OVER TIME	

CLIENT SIGNATURE: _____ CLIENT NAME: _____

POSITION: _____ DATE: _____