

## TIME SHEET

TO BE FILLED IN BY THE TEMPORARY WORKER FOR WEEK ENDING FRIDAY: .....

NAME OF TEMPORARY WORKER.....

HOME ADDRESS.....

.....

SIGNATURE :

CLIENT NAME

.....

CLIENT ADDRESS

.....

### HOURS WORKED

Exclusive of lunch hours and travelling time  
Please state part hours as a decimal eg half hour = 0.5

DAYS                      STANDARD HOURS      OVERTIME HOURS                      TOTAL HOURS

<b>Saturday</b>			
<b>Sunday</b>			
<b>Monday</b>			
<b>Tuesday</b>			
<b>Wednesday</b>			
<b>Thursday</b>			
<b>Friday</b>			
<b>TOTAL</b>			

**I HEREBY CERTIFY** that the above hours worked are a correct record of the hours worked by the Temporary worker and that payment will be made in respect of these hours according to the terms and conditions of business which I have received and accept as the basis of this transaction.

CLIENT SIGNATURE.....

CLIENT NAME.....

POSITION.....DATE .....