

## Temporary Staffing Timesheet

Week Commencing \_\_\_\_\_

Company & Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of temporary worker \_\_\_\_\_

Department \_\_\_\_\_

Day	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total Hours
No of hours worked								

### Overtime

**IMPORTANT CLIENTS APPROVAL MUST FIRST BE OBTAINED BEFORE WORKING OVERTIME**

After the authorised overtime hours have been completed, please ask the client to record and sign off the overtime using company headed paper which should be attached to this time sheet.

### Authorisation by client

- We certify:
- 1) That the above details are correct.
  - 2) Our satisfaction with the work undertaken.
  - 3) That we have read and accept the Terms and Conditions and agree to pay your account in accordance with such Terms of Business within 7 days of

Managers signature \_\_\_\_\_

Name \_\_\_\_\_

**All timesheets must be received no later than 5.00 pm on Friday, if timesheets are not received payment will be deferred until the following week.**