



## Temporary Staff Timesheet

Agency Worker Name: (Please use capitals) .....

Name of Client:

Department / Job Title:

Start Date: \_\_\_ / \_\_\_ / 20\_\_\_ Hours of Work: \_\_\_:\_\_\_ AM to \_\_\_:\_\_\_ PM W/e date: \_\_\_ / \_\_\_ / 20\_\_\_

Reporting to: .....

Day	Start Time	Finish Time	Less Breaks	Total Hours to be Paid	Overtime
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

**TOTAL NUMBER OF HOURS TO PROCESS**

**Timesheet Authorisation:** .....

(Only worked hours and totals should be included on this timesheet. Please DO NOT include any holiday hours.)

**Clients Declaration:**

I certify that the number of hours has been satisfactorily worked and is approved for payment and billing purposes. This is in accordance to the terms and conditions of the business which I have received and accept as the basis of this transaction.

Temporary signature: .....

Authorised Client Signature: ..... Date: \_\_\_ / \_\_\_ / 20\_\_\_

Please print Client Signature: .....

Please remember to take a copy for your records and send the completed timesheet to [timesheets@alfredrecruitment.co.uk](mailto:timesheets@alfredrecruitment.co.uk) or fax to 0117 00000000. Payments will appear on your bank statement as Alfred Recruitment.

(Warning, the accurate completion of this timesheet is your responsibility. Fraudulent submission may result in legal action being taken against you.)