

Week ending date:	
Booking Reference:	
Timesheet No.	

## TEMPORARY WORKERS TIMESHEET

**NOTE: All timesheets MUST be received by no later than the following Monday at 9.30am**

<b>Name of Temporary Worker:</b> Forename: _____ Surname: _____
<b>Payroll No.:</b> _____
<b>Grade / Qualification / Pay Band:</b> _____
<b>Name of Consultant:</b> _____

<b>Name of Organisation (Client's Name):</b> _____ _____
<b>Location of Work / Department:</b> _____ _____

### CONFIRMATION OF HOURS WORKED

Day	Date	Shift Start (24 hour)	Shift End (24 hour)	Less Breaks (hrs/mins)	Hrs Worked (hrs/mins)	Sleep in (hrs/mins)	Booking No.	Mileage	Authorised signature

**Total Hours Worked in the week**

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**B**

**Client Quality Assurance**  
Please write any comments on the above persons quality of work and performance.

Satisfactory  (Please tick)      Comments: \_\_\_\_\_

I am an authorised representative of the Client and have read and accepted the Terms and Conditions of Business which are shown overleaf.

Client's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Position \_\_\_\_\_

**TOTAL HOURS WRITTEN IN WORDS:** \_\_\_\_\_