

# TIMESHEET

1.

Week Ending Date \_\_\_\_\_ Client Name \_\_\_\_\_

Name of Worker \_\_\_\_\_ Client Address \_\_\_\_\_

Job Title \_\_\_\_\_ Client Contact Name \_\_\_\_\_

	DATE	START TIME	FINISH TIME	TOTAL HOURS	TOTAL BREAKS TAKEN	TOTAL HOURS WORKED
MON						
TUE						
WED						
THU						
FRI						
SAT						
SUN						
	<b>TOTAL</b>					

Please return this timesheet by **10.00am** on **Monday morning** by fax or email:

**IPSWICH**  
 fax: 01473 216633  
 email: enquiries@hunterskill.com

**PETERBOROUGH**  
 fax: 01733 312980  
 email: enquiries@hunterskill.com

**2. To be completed by the authorised signatory**  
 (after completion please retain a photocopy for your reports)

I hereby certify that the details given above are a correct record of the hours, mileage and expenses of this temporary worker. I understand that an invoice will be raised from this timesheet. I also accept the Terms of Business of Hunterskill Recruitment Ltd. I am authorised by the Customer or, where applicable, the Local Authority, to sign this timesheet.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_