Weekly Time Sheets

Employee name: _____   **Week starting: _____**

Client name: _____   **Week ending: _____**

DATE	Use 24 hr clock			Actual Hours worked		On call hours	Client signature
	Start time	Finish time	Breaks taken	Day	Night		
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
SUNDAY							

Total hours		**Hours worked (in words)**_____
Weekday		**Name of authorised signatory**_____
Weekend		**Signed**_____ **Designation**_____ **Dated**_____

Temporary Worker
 I declare that the information I have given on this form is correct and complete. I understand that if I knowingly provide false information this may result in formal action and I may be liable to dismissal.

Authorised Signatory
I hereby certify that the hours shown are correct and that the work performed was satisfactory and I understand that you will invoice me for this within the next fourteen days. I also confirm my acceptance of the terms and conditions of business, a copy of which I have received.

Top copy: Branch copy   2nd copy: Client   3rd copy: Temp worker