

TIME SHEET



Client's Name _____
 Invoice Address _____

Site Address *(If different)* _____

WEEK COMMENCING _____
 ISSUING BRANCH _____
 SHIFT TYPE _____
PLEASE ENTER HOURS WORKED ON A DAILY BASIS

Client Order No _____			MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		SUNDAY		TOTALS			
AGENCY WORKER NAME	NUMBER	CATEGORY	REG DAY	O/T NIGHT	REG DAY	O/T NIGHT	REG DAY	O/T NIGHT	REG DAY	O/T NIGHT	REG DAY	O/T NIGHT	REG DAY	O/T NIGHT	REG DAY	O/T NIGHT	REG DAY	O/T NIGHT	SAT	SUN

THIS TIME SHEET MUST BE RETURNED TO THE ISSUING BRANCH NO LATER THAN THE MONDAY FOLLOWING COMMENCEMENT DATE

It is hereby certified the agency workers named above have worked the hours set out above, including any premium rate hours shown, and payment for these hours will be made in accordance with [AGENCY NAME] terms of business, a copy of which has been received and accepted as the basis of this transaction. It is acknowledged that (a) hours worked are paid and charged to nearest quarter of an hour, and (b) should any agency worker introduced by West Riding Recruitment be engaged by us during or after completing a temporary assignment within the period specified in West Riding Recruitment terms of business, a non-rebatable fee calculated as set out in the said terms of business will be payable, or the hire period extended.

CLIENT SIGNATURE _____ NAME OF SIGNATORY _____ POSITION _____ DATE _____

After completion please fax a copy to West Riding Recruitment on 01924 950655 and retain copy for own records to match with invoice.