

maxwell bruce

TEMPORARY WORKER TIMESHEET

OPERATOR NAME: _____
 WEEK BEGINNING: _____
 WEEK ENDING: _____
 CLIENT MANAGER: _____

CLIENT: _____
 SITE: _____
 ADDRESS: _____

	MORNING			AFTERNOON			OFFICE USE	
	FROM	TO	TOTAL	FROM	TO	TOTAL	TOTAL	
MON								
TUE								
WED								
THUR								
FRI								
SAT								
SUN								
<i>Office use only</i>							TOTAL	
* HOURS WILL NOT BE PROCESSED UNLESS AUTHORISED BY A MANAGER							BASIC	
							O/T 1	
							O/T 2	
							HOL PAY	
							N/SHIFT	

**TEMPORARY WORKER
SIGNATURE**

DATE

FOR CLIENT:

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**WE HAVE RECEIVED YOUR TERMS AND CONDITIONS OF BUSINESS
AND THE TEMP BOOKING CONFIRMATION OF THIS ASSIGNMENT.
THE HOURS WORKED DURING THE WEEK ARE AS SHOWN ABOVE**

CLIENT SIGNATURE

DATE

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