

Timesheet

Fax back on: 01793 766716 by Monday noon latest each week



TEMPORARY WORKER TO COMPLETE:

Temporary Workers Name:	Client Company:
Week Commencing:	Reporting to:
Job Title:	

														TOTAL	OVERTIME		EXPENSES
Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday		STD Hours	Time and Half	Double	Please Detail
STD Hours	O/T	STD Hours	O/T	STD Hours	O/T	STD Hours	O/T	STD Hours	O/T	STD Hours	O/T	STD Hours	O/T				

CLIENT TO COMPLETE:

Signed by Client:	Please Print Name:
Position in Company:	Date:

- Please deduct lunch breaks, as the client will be invoiced for total hours signed.
- Temporary Staff are supplied in accordance with the Terms and Conditions of Business for the Introduction of Temporary Staff, which have been previously sent to the client.
- Please mark **Overtime** at appropriate pay rate on each day worked e.g. 8 Standard Hours, 4 O/T x 1.5 Mark **part hours** e.g. 4 hours 15mins. as 4.25 (i.e. percentage of part-hours)
- If Temporary worker requests **Paid Holiday** please mark as "PH" and DO NOT include in total hours. Mark **Sickness** as "S". Mark **did not work** with "X"
- The Temporary worker should complete this record of hours to be paid and present it to the Client for signature and verification and return it to the originating Jackie Kerr office by 12-noon on the Monday following the week worked. Signature by Client is agreement to Terms & Conditions and authorisation of payment to Temporary worker.

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White copy : Client copy
Pink copy : Temporary Workers copy
Blue copy : Return to Jackie Kerr Accounts
Yellow copy : Return to Jackie Kerr Accounts