



## Time Sheet

CLIENT \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 REF NO. \_\_\_\_\_  
 CONTACT \_\_\_\_\_  
 YOUR A-ONE CONTACT \_\_\_\_\_

I have read and agree to accept the terms and conditions as stated on clients copy and will not do anything to cause the consultants to be in breach of its obligations under the Working Time Regulations

CLIENTS SIGNATURE \_\_\_\_\_  
 FULL NAME \_\_\_\_\_ POSITION \_\_\_\_\_  
 DATE \_\_\_\_\_

REQUIRED NEXT WEEK YES  NO

NOTE TO CLIENT: Signature is taken as conclusive evidence of hours worked.

OPERATORS NAME \_\_\_\_\_  
 CODE OF PAY \_\_\_\_\_ REF NO. \_\_\_\_\_  
 ASSIGNMENT \_\_\_\_\_  
 START DATE \_\_\_\_\_

OPERATORS SIGNATURE \_\_\_\_\_

NOTE TO OPERATOR: No payment will be made without a signed timesheet. Timesheet must be received no later than 10.00am Monday morning otherwise payment may be delayed until the following week.

### HOURS WORKED

	A.M.		P.M.		TOTAL HOURS
	START	FINISH	START	FINISH	
SATURDAY					
SUNDAY					
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
TOTAL HOURS: (Exclusive of lunch breaks)					

White copy to be returned signed by client.  
 Blue copy to be retained by client.  
 Yellow copy to be retained by temporary operator.