



uxbridge AGENCY EMPLOYMENT



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When authorised please scan and return top copy to timesheets@uxbridge-employment.co.uk or fax to 01895 274104

TIME SHEET

COMPANY NAME AND ADDRESS

REFERENCE/PO No:

TIME SHEET No. :

WEEK ENDING :

IMPORTANT - DEADLINE FOR SUBMISSION OF TIMESHEET IS MIDDAY MONDAY

TEMPORARY WORKER NAME:

REPORTING TO (LINE MANAGER):

DETAILS	MON	TUES	WEDS	THURS	FRI	SAT	SUN	
START TIME								
FINISH TIME								
DEDUCT LUNCH TIME								
HOURS WORKED								TOTAL HOURS

Additional Information and overtime etc.

TOTAL HOURS
OVERTIME
NORMAL

NOTE: This Time Sheet signed by the Client enables the Temporary to collect salary for the week to which it relates.

I CONFIRM that the above has worked the above hours and we agree to pay our account within 30 days of presentation and agree to abide by the Terms and Conditions as supplied, principle extracts of which are shown on the reverse of the Client's Copy.
CLIENT COMPANY'S AUTHORISED SIGNATORY

NAME IN BLOCK CAPITALS SIGNATURE

(PLEASE SIGN AND RETURN THIS COPY)

Top Flight Recruitment Ltd. trading as Uxbridge Employment Agency