



Time Sheet

Name of Temporary Worker:

Name of Client:

Week Beginning:

Client Address:

Assignment Start Date:

Report to:

Hours worked to nearest quarter hour.

	Morning Shift		Evening Shift		O/time (hrs)	Less Breaks	Hours to be Paid
	Start	Finish	Start	Finish			
Mon							
Tues							
Wed							
Thurs							
Fri							
Sat							
Sun							
Totals							

Total hours
This week

I confirm that the total hours worked are correct and agree to pay your account in accordance with Cornwall Staff Agency temporary and permanent staff terms which I have agreed with and also understand are available to me anytime at www.cornwallstaffagency.co.uk. As the information on this timesheet is the sole basis for calculating your charge to me, I have initialled any alterations. I have deducted any breaks. In the event of making an offer of permanent employment to one of Cornwall Staff Agency's temporary staff during the relevant period a permanent fee will be applicable in accordance with our terms of business.

Employer's signature
Position in company

Date

I confirm that the total hours worked are correct
Temporary worker's signature

Date

We must have this timesheet back in the office by midday on a Monday for the previous week. Thank you.