

WEEKLY TIMESHEET

NAME OF TEMPORARY WORKER: _____

POSITION: _____

COMPANY: _____

We must receive your timesheet before 10AM on the Monday after the week you worked



Day	Date	From	To		From	To	Approved Time			Total Hours
							Normal Time	Time & a Half	Double Time	
Monday				L						
Tuesday				U						
Wednesday				N						
Thursday				C						
Friday				H						

Additional Comments e.g. final week, on holiday 01/01/1946 – 12/01/1946

Total Hours

CANDIDATES SIGNATURE _____

COMPANY SIGNATURE _____

By signing you agree the hours are correct and may be paid/invoiced accordingly

Please ensure this is signed by the company and a copy left with them, and a copy returned to the Search and Select Office on **Monday** morning by **10:00AM** (the week after you have worked) at the latest*

*It is imperative that hours are advised by 10:00 AM latest on Monday Morning. Any hours advised later than this may delay payment until the following week.

Please fax to: (01624) 678140 or Email to: mark@tempsiom.com or kirsty@searchandselect.com

www.tempsiom.com

the islands specialist temporary agency