

**PLEASE COMPLETE
BOTH SECTIONS OF
THE TIMESHEET**

TIME SHEET FOR RETENTION BY THE CLIENT

Name of Client/Company:

Name of Temporary Worker:

I hereby certify that this is a correct record of the hours worked by the individual in our Temporary Employment.

Client's authorising signature:

Name (please print):

Week Ending / /2007	Hours worked (Exclusive of lunch break & travel)
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	
TOTAL	

TIME SHEET

**PLEASE COMPLETE HOURS WORKED – EXCLUDING LUNCH BREAKS
THIS SECTION OF YOUR TIMESHEET MUST REACH DALESWAY STAFF BY
9.00AM EACH MONDAY IN ORDER FOR YOUR PAY TO BE PROCESSED.
PLEASE NOTE: PHOTOCOPIES OR FAXES WILL NOT BE ACCEPTED.**

**THIS SECTION MUST BE SIGNED BY BOTH THE
TEMPORARY WORKER AND THE CLIENT**

Name of Temporary Worker

Name & Address of Client/Company

Invoice for the attention of

Position with Company

Temporary Assignment to continue YES/ NO

Details of any time off (either sickness or holiday):
.....
.....
.....

Week Ending / /2007	Hours worked (Exclusive of lunch break & travel)
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	
TOTAL HOURS EXCLUDING LUNCH BREAKS	

I hereby certify that the above is a correct record of the hours I have worked and that I have received and accepted the conditions of the temporary employment

Signed (temporary worker)

Client's authorising signature

Name (please print)