

# TIME SHEET



COMPANY: \_\_\_\_\_

WEEK \_\_\_\_\_

CONTACT - \_\_\_\_\_

WEEK ENDING(SATURDAY) \_\_\_\_\_

NAME	JOB TITLE	MON	TUES	WEDS	THURS	FRI	SAT	SUN	Total HOURS	Hours Basic	Overtime Rate	
											1,5	2.0

I confirm that the total hours are correct and the people named below have completed the assignment satisfactorily. Payment is to be made in accordance with Staff UK Bolton Terms of Business which I accept as the basis for this transaction.

CLIENT SIGNATURE \_\_\_\_\_ POSITION Suprvisor  
NAME IN CAPS DATE \_\_\_\_\_

