NAME OF TEMPORARY WORKER

The week ending date MUST be completed for us to process your timesheet

ASSIGNMENT JOB TITLE

CLIENT NAME

CONTACT

DEPARTMENT

ADDRESS

Hamilton Mayday

YOUR BRANCH

OXFORD TEL: 01865 794999 FAX: 01865 247912

STRAND (Commercial) TEL: 0207 420 5454 FAX: 0207 420 5455
STRAND (Catering) TEL: 0207 420 5499 FAX: 0207 420 5469

GREAT CHAPEL STREET TEL: 0207 432 7000 FAX: 0207 439 3513
1ST FLOOR TEL: 0207 432 7007 FAX: 0207 432 7049

SHOREDITCH HIGH STREET TEL: 0207 377 1352 FAX: 0207 247 1332

WEEK ENDING DATE: / /

NOTE TO TEMPORARY WORKER

This timesheet must be returned to the agency at the latest by 10.00am on the Monday following the week in which you have worked

Salary cannot be paid without the client signing this timesheet.

HOURS WORKED EXCLUDING LUNCH BREAKS

	AM START	FINISH	PM START	FINISH	TOTAL	OVERTIME
MON						
TUE						
WED						
THUR						
FRI						
SAT						
SUN						

CLIENT AUTHORISATION

NAME
(Block Capitals Please)

POSITION

SIGNATURE

DATE

TOTAL HOURS

TEMP SIGNATURE:

FOR OFFICE USE ONLY

CLIENT CODE

By signing this timesheet the Client confirms that the hours shown above have been worked by the Temporary Worker, acknowledges receipt of the Susan Hamilton Group Terms of Business and confirms that payment will be made in accordance with those TOBs