



Howard James Recruitment Consultancy Ltd
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 www.howardjamesrecruitment.co.uk

Return timesheets to:
 F: 01606 339780 OR
 payroll@howardjames.co.uk

WEEKLY TIMESHEET

YOUR NAME:		COMPANY:	
DATE OF BIRTH:		MANAGERS NAME:	
WEEK END: (SUN)		CONTACT NO:	

	Example	Mon	Tue	Wed	Thur	Fri	Sat	Sun	
Start Time	10:00								Total Weekly Hours Worked
Finish Time	17:30								
Hours	7.5								
Lunch Break	1hr								
Total Hours	6.5								

Return timesheets before Monday at noon for payment in the same week
 The Temporary Workers notice is drawn to the "Contract for Services" provided at registration.

<i>CLIENT AUTHORISATION</i>	<i>PO Number:</i>
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I can confirm the hours stated above are correct and I have read and agreed to Howard James Recruitment Consultancy Ltd, Terms of Business previously supplied and I have the authority to sign off this timesheet on behalf of the company named above.

Name _____

Signed:

Printed Name _____

<i>TEMPORARY WORKER AUTHORISATION</i>

I the undersigned temporary worker confirm that I have worked the hours stated above, have read, understand and agree to the "Contract of Services for Temporary Workers Terms of Engagement" and Timesheet procedures supplied at registration.

Name _____

Signed:

Printed Name _____

Please confirm receipt of your timesheet, failure to do so could result in non-payment of wages.

<i>For office use only</i>

Standard Charge Rate: _____ Standard Pay Rate: _____ Authorised by: _____