



# TIME SHEET

Week Commencing  /

### 1. COMPANY DETAILS

Company Name	<input type="text"/>
Company Address	<input type="text"/>
Telephone No	<input type="text"/>
Fax No	<input type="text"/>

### 2. EMPLOYEE DETAILS

Name	<input type="text"/>
Position	<input type="text"/>
Employee Number	<input type="text"/>
Department	<input type="text"/>
Supervisor Name	<input type="text"/>
Supervisor Position	<input type="text"/>

### 3. WEEKLY HOURS

Day	Normal Hours	Rest Break	Overtime Hours 1	Overtime Hours 2	Total Hours	(£)
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
Misc (£)						
<b>Weekly Totals</b>						

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

I certify that the hours shown above have been satisfactorily worked and accept that this will form the basis for an invoice which will be paid on receipt. I also confirm that we have received a copy of your terms of business.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

**PLEASE FAX TO 0161 884 0569 BY MONDAY 10.00am**