



recruitment

3rd Floor
 Centre Gate
 Colston Avenue
 Bristol BS1 4TR
tel. 0117 302 7550
 fx. 0117 929 8010
 www.franklynrecruitment.com

WEEK ENDING DATE _____

CLIENTS NAME _____

WORKER

Name _____

Address _____

| CLIENT/JOB No. | SAT | SUN | MON | | TUES | | WED | | THUR | | FRI | | BASIC | OVERTIME | | |
|----------------|-----|-----|-----|-----|------|-----|-----|-----|------|-----|-----|-----|-------|----------|--|--|
| | | | O/T | O/T | O/T | O/T | O/T | O/T | O/T | O/T | W/D | SAT | | SUN | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | |

TIME SHEETS NOT RECEIVED BY MONDAY, MAY RESULT IN PAYMENT DELAY.
 THE ABOVE REPRESENTS A RECORD OF HOURS WORKED.

Signature of Temporary Worker

Name (Please Print)

Date

I hereby certify that the above is a correct record of the hours I have worked for the weeks stated above.

Signature of Client

Name (Please Print)

Position _____ Date _____

I hereby certify that the above temporary worker has satisfactorily worked the hours stated and agree that payment will be made at the rates stated in respect of these according to your terms and conditions of business which I have received and accept as the basis of this transaction.