



Howard James Recruitment Consultancy Ltd
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Return timesheets to:
 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: _____