

Note: Timesheets must be returned to Additional Resource by midday on *Monday* to ensure prompt payment of weekly wages each *Friday*.

Client Name	
Address	
Client A/c No.	Order Ref.

Reporting to:

Hours:

Start Date:

Employee Number:

Booking Number:

Week Number:

Temporary's Name:

Nature of Assignment:

	MON	TUES	WED	THURS	FRI	SAT	SUN
Start Time							
Breaks							
Finish Time							
Total Hrs. excl. Breaks							

Total Standard Chargeable Hours

Total Overtime Chargeable Hours

We the client certify that the total hours worked are correct and we will accept your accounts for the chargeable hours at the agreed rate.

We agree to accept your terms and conditions of business as set out in your Terms of Business for the supply of Temporary Staff services and we acknowledge that should any temporary worker introduced by Additional Resource accept an offer of employment by us, a fee calculated in accordance with your normal scale of charges for the introduction of permanent staff will become payable.

Signature _____

Position _____ Date _____

FOR OFFICE USE ONLY

HOURS	TYPE	C	P