

ALLSTAFF EMPLOYMENT

63 NEW LONDON ROAD
 CHELMSFORD
 ESSEX CM2 0ND
 TEL: 01245 287220
 FAX: 01245 492957

TEMPORARY TIME SHEET

Week Commencing _____

Temps - please ensure time sheet is received by us 9.30am MONDAY MORNING latest to ensure payment.

Company _____

Address _____

Report to _____

Introducing _____

Temporary Position _____ Reference No. _____

Company Hours _____

DAY	Start	(Less Lunch Period)	Finish	TOTAL
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Total hours normal rate				
Total hours overtime rate 1				
Total hours overtime rate 2				

I certify the above hours have been worked and agree to pay the invoice upon receipt and abide by the Terms of Business as contained on the Clients Copy Time Sheet, copy of which I acknowledge receipt.

Date _____ Signed _____

Authorised Signatory on behalf of the Company.

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