

Weekly Time Sheet

Important

Timesheet deadline is **STRICTLY 5pm EVERY Friday**
 Failure to meet this deadline may delay payment for hours worked

Name of temporary person : _____

Week ending : _____

Name of company : _____

Purchase order number : _____

Department : _____

Client contact : _____

Position in company : _____

	MON		TUE		WED		THURS		FRI		SAT		SUN	
	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins
Time in														
Lunch out														
Lunch in														
Time out														
Total std time														
Total overtime														

Hours worked	Standard time	Overtime x 1.5	Overtime x 2	TOTAL HOURS	Total		
	Hrs	Mins	Hrs		Mins	Hrs	Mins

- (i) I agree the hours worked as detailed above to be accurate
 - (ii) I acknowledge that I have the authority to sign this timesheet on its terms on behalf of the above company
 - (iii) I confirm that I have read and acknowledge the Terms of Business of The Business Connection
 - (iv) By signing this timesheet you are deemed to accept our Terms of Business
- I certify the hours stated above are a true record of services rendered

Client signature : _____

Position : _____

Date : / / _____

Temp's signature : _____

Print name : _____

Date : / / _____

Notes: Complete each day. Please take copies for client and your records