



PADSTONE RECRUITMENT LTD
Supporting your business

TIME SHEET

Timesheet Number
Assignment Number
Temp Name
Temp ID
Agency Name
Client PO Ref
Reporting To
Week Ending Date

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Client Name & Address:

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CERTIFICATION OF HOURS WORKED

| | Start | | Finish | | Breaks | | Total Standard | | Total Overtime | |
|-----------------------------------------------|-------|---------|--------|---------|--------|---------|----------------|---------|----------------|---------|
| | Hours | Minutes | Hours | Minutes | Hours | Minutes | Hours | Minutes | Hours | Minutes |
| EXAMPLE | 8 | 45 | 5 | 15 | 0 | 45 | 7 | 00 | | |
| Monday | | | | | | | | | | |
| Tuesday | | | | | | | | | | |
| Wednesday | | | | | | | | | | |
| Thursday | | | | | | | | | | |
| Friday | | | | | | | | | | |
| Saturday | | | | | | | | | | |
| Sunday | | | | | | | | | | |
| Total | | | | | | | | | | |
| Total Expenses Approved as per Attached Sheet | | | | | | | £ | | | |

I certify that the total number of hours has been satisfactorily worked and the correct breaks have been deducted.

I confirm that payment will be made according to your terms and conditions of business which I have received from you and accept as the basis of this transaction.

Client Name

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Position

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Client Signature

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Date

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