



Timesheet

For the services of

Name of Temporary Worker

Position/Category

Week Commencing:

*To the client :
please retain one copy for
your records, and return
one copy to Hamblin for
processing.*

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Total Hours for week
Number of hours worked (excluding lunch break)								
OVERTIME WORKED								
Normal Time Pay								
Time & a Half Pay								
Double Time Pay								

Authorisation by client :

- We certify :
1. The above details of the temporary assignment are correct.
 2. Our satisfaction with the work undertaken.
 3. That we have received and accepted your Terms of Business and agree to pay your invoice in accordance with such Terms of Business.

Name of Client _____

Client Signature: _____

Date: / /

Print Name of Signatory _____

Notice to temporary or contract workers :

Please ensure this timesheet is returned to Hamblin by 9.00 am on the Monday following your week of working. This will enable payment to be made to you in a normal working week within 2 working days. Special timetable arrangements will be notified to you for Bank and Public Holidays.

Please remember to take a copy of this Timesheet for your own records.