



Name	Job Title	
Ltd company name (If applicable)	Week ending date	
Job Purchase Order No	Friday date	
	Final Timesheet? (To notify the end of your assignment place an F in the box)	

PLEASE NOTE: NO TIMESHEET NO PAY

	SAT	SUN	MON	TUE	WED	THU	FRI	TOTAL HOURS
Basic/ Hours Days								
Nights								
Overtime								

Health & Safety

1. I confirm that I have received a workplace induction from the Client
2. I confirm that I have received Health & Safety information relevant to my assignment from the Client.
3. I confirm I do not have any Health & Safety concerns regarding this assignment in the Clients workplace

Your Signature	
Site Location	

Client Organisation	
Authorised Managers Signature	
Name & position of Signatory	
Date	

*Your signature is authorisation that the hours shown are correct and the work was performed satisfactorily with prescribed specification, and are net of breaks.

As part of our quality control policy, please be advised that random checks on timesheet hours are carried out

Timesheet checklist

1. Timesheets must be submitted to the above address/fax by 5pm Monday to ensure prompt payment
2. Any timesheets received after Monday will be processed the following week
3. Ensure that all boxes are accurately completed to prevent errors in pay or payment delays.