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**TIMESHEET**

**OFFICE USE ONLY**

CLIENT NAME

SITE

OPERATIVE NAME

OPERATIVE TRADE

<<TNUM>>	<input type="text"/>
<<CONS>>	<<COMP>>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**HOURS WORKED**

WEEK	DATE	START TIME	FINISH TIME	DEDUCTABLE BREAKS	TOTAL HOURS WORKED
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					
				<b>CHARGABLE HOURS</b>	<input type="text"/>

**SIGNED**

I certify that the temporary operative has satisfactorily completed the total hours after any breaks taken. I also agree with the Terms and Conditions of Business and confirm that they are the sole terms of this contract and confirm I am authorised to approved this timesheet for payment.

I certify that this time sheet is correct and agree to comply with the terms and conditions of the contract agreed previously.

SUPERVISORS SIGNATURE

PRINT NAME

POSITION

DATE

OPERATIVES SIGNATURE

PRINT NAME

TRADE

DATE

**NOTES**

Please specify AM or PM. All hours will be paid at standard rate unless specified otherwise

Timesheets MUST be signed by a representative of the company, any unsigned timesheets will NOT be processed

**PLEASE FAX THIS TIMESHEET TO 0161 834 4012 BY MONDAY 12PM TO ENSURE YOUR PAYMENT IS PROCESSED ON TIME**