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TIMESHEET

OFFICE USE ONLY

CLIENT NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>
SITE	<input type="text"/>	<input type="text"/>	<input type="text"/>
OPERATIVE NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>
OPERATIVE TRADE	<input type="text"/>	<input type="text"/>	<input type="text"/>

HOURS WORKED

	DATE	START TIME	FINISH TIME	DEDUCTABLE BREAKS	TOTAL HOURS WORKED
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					
				CHARGEABLE HOURS	

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	<input type="text"/>	OPERATIVES SIGNATURE	<input type="text"/>
PRINT NAME	<input type="text"/>	PRINT NAME	<input type="text"/>
POSITION	<input type="text"/>	TRADE	<input type="text"/>
DATE	<input type="text"/>	DATE	<input type="text"/>

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 883 0710 BY MONDAY 12PM TO ENSURE YOUR PAYMENT IS PROCESSED ON TIME