

Order No.
 Week Ending.

Timesheet ID.

Company Name.....
 Reporting to.....
 Address:

Temporary Workers Name

 Location.....

Day	Start (use 24hr Clock)	Lunch/break	Finish	Standard Hours Worked	Overtime x 1.5	Overtime x 2.5	Other
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
Total Hours Worked							

NOTICE TO CUSTOMERS

By signing this timesheet you agree to our terms and conditions of business as previously notified and accepted

.....
 Temps Signature *(please sign above)*
 Date:

Customer Signature:
 Print Name:
 Date:

