

# Timesheet

Temp Name:	Week Ending:
Client:	Timesheet No.
Client Address:	

**IMPORTANT NOTE: Timesheets received after 12.00 noon on Monday may not be included in the payroll that week.**

Please ensure that this timesheet is completed IN FULL and email to [team@unitedcareers.co.uk](mailto:team@unitedcareers.co.uk)  
Ensure that all alterations are countersigned and note that if there are queries on any sections then payment may be delayed. Please make sure that the week ending date and the Client name are accurately and clearly printed.

	Time Started	Break Start	Break Finished	Time Finished	Total Hours Worked
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Please enter the total weekly hours in the box to the right					

I confirm and agree that the total hours listed above have been satisfactorily worked and that payment in respect of these will be made according to your current terms of business which I have received from you and accept as the basis of this transaction.

Client Name:	Client Tel. No.:	Signature:	Date:
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Temp's Name:	Signature:	Date:
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