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Time Sheet Notification

Week Ending	Start	
	Finish	

Hours Worked - Exclusive of Lunch Hours & Travelling Time
Part Hours - please state as a decimal (e.g. 1/2 hour = 0.5)

Name _____

Job Title _____

NI Number _____

Internal Use Only _____

Name of Company _____

Site _____

Address _____

Contact No. _____

Contact Name _____

	Basic	Overtime Time & Half	Overtime Double Time
Saturday			
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Total Hours			

Using the attributes listed, please rate each operative using the following: 1 = Fair, 2 = Good, 3 = Unknown

Time Keeping		Health & Safety		Skill Level		One Way Resourcing Service	
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I hereby certify the total hours above are a correct record of the hours worked by the Temporary Worker and understand that these hours will be used to calculate the charge for basic hours / overtime hours / travel / subsistence allowance and are **NET OF BREAKS**. I also accept *One Way Resourcing* current terms & conditions for introduction of Temporary/Subcontract Workers, copies available on request or from our website.
I am authorised by the client to sign this time sheet.

Purchase order number if applicable _____ Total hours/days in words: _____ Date _____

Authorised Signature _____ Position _____ Print Name _____