

Empl. No:



WEEKLY TIMESHEET

Contractor Name: _____

Client & Location: _____

Week Ending Date (Sunday): _____

Supervisor Name: _____

DAY	Start time	Finish time	BASIC hours	NIGHT hours	OVERTIME	Total hours	A/C reg
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
TOTAL							

Additional Information:

I certify that the above hours have been worked by myself under instruction of the client and in conjunction with my contract of services with JMC Recruitment Solutions Ltd.

Contractor Signature: _____ **Print Name:** _____

Date: _____

I certify that the hours shown above have been satisfactorily worked by the above named contractor and accept that this will form an invoice which will be paid on receipt in conjunction with the agreed terms and conditions.

Client Signature: _____ **Print Name:** _____

Date: _____

All timesheets must be fully completed, authorised and reach the payroll department no later than Monday at 11am. If you are unable to meet this deadline then please contact us to discuss whether or not adjustments can be made.

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Issue : 1	Rev: 4	Date: August 2018	Page 1 of 1	QD 19	Approved By: Michael Marshall Quality Management Representative
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