

Name (please print)		
W/E Date	Sunday	
Pay No		
Client Name		
Address		
Site/Dept		



TIMESHEET – HOURS WORKED

Return to your Search Issuing Office by 9.00 am Monday to ensure payment this week. Please exclude any break times when calculating your Total Hours worked.

DAY	DATE	Basic					Overtime 1			Overtime 2			Total Hours
		Start Time	Lunch Out	Lunch In	Finish Time	Total Hours	Start Time	Finish Time	Total Hours	Start Time	Finish Time	Total Hours	
Monday													
Tuesday													
Wednesday													
Thursday													
Friday													
Saturday													
Sunday													
Total Hours excluding break times													

I confirm that I have worked the hours as stated

above Associate's signature

Date

TO BE COMPLETED AND AUTHORISED BY CLIENT

IT IS HEREBY CERTIFIED THAT THE HOURS SHOWN ARE CORRECT AND THAT THE WORK WAS PERFORMED SATISFACTORILY AND IN ACCORDANCE WITH THE WORK SPECIFICATION, WHICH INCORPORATES THE TERMS AND CONDITIONS OF BUSINESS OF SEARCH CONSULTANCY LIMITED. THE PURCHASE ORDER NOTED BELOW IS THE VALID NUMBER FOR THIS ASSIGNMENT.

Purchase Order No

Print name

Signed

Title

Date