

NAME:......POSITION:.....

ADDRESS:	134-146 STUDIO 210 LONDON EC2A 3AR
TELEPHONE	07449314685
EMAIL:	info@riversideresources.co.uk

CLIENT:						TIME CH	IEET NO:			
CLIENT: TIME SHEET NO:										
EMPLOYEE: WEEK ENDING:										
WEEKLY DAY SH	IFTS	HOU	RS WORKED) WA	KENIGHTS	HOU	RS WORKED	TOTA	L HOURS	
MONDAY	STAR	т		MON	DAY	START				
DATE:	FINISH		DATE	DATE.	FINISH					
DATE	DEDUCT MEAL			DATE:		DEDUCT ME.	AL TIMES			
TUESDAY	STAR	т		TUESC) A V	START				
		FINISH		- 10131	741	FINISH				
DATE:	DEDUCT MEAL TIMES		DATE	DATE:		DEDUCT MEAL TIMES				
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WEDNESDAY	START		WEDN	NESDAY	START					
DATE:	FINISH		DATE	DATE:		FINISH DEDUCT MEAL TIMES				
	DEDU	CT MEAL TIMES				DEDUCT ME.	AL TIMES			
THURSDAY	STAR	START		THUR	THURSDAY					
DATE:	FINISH			DATE	DATE:					
DATE:	DEDUCT MEAL TIMES			DATE			DEDUCT MEAL TIMES			
FRIDAY	START				FRIDAY					
	FINISH		- FRIDA	FRIDAT		START FINISH				
DATE:	DEDUCT MEAL TIMES			DATE	DATE:		DEDUCT MEAL TIMES			
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SATURDAY	START		SATU	SATURDAY		START				
DATE:	FINISH		DATE	DATE:		FINISH				
DEDU		DEDUCT MEAL TIMES]		DEDUCT MEAL TIMES			
SUNDAY	CTADT		CHAIR] SUNDAY		START				
SUNDAT	START FINISH		- 30MD	SUNDAY		FINISH				
DATE:	DEDUCT MEAL TIMES		DATE	DATE:		DEDUCT MEAL TIMES				
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SLEEP - IN		MON	TUE	WED	THUR	FRI	SAT	SUN		
TICK APPROPRIATE BOX										
IICK AFFROPRIATE BOX		I	1	I	i I		1		1	

Client Information: This is an authorised signatory of the above named client to confirm that the job profile title / shifts are accurate and approved for payments.

Agency Worker: Timesheets must be submitted by 4pm every monday via email. Photos from mobile are accepted only if they are visible White copy: Office / Yellow copy: Staff / Pink copy: Client