

## Workforce Resourcing - Timesheet

(*) Company Name:  (*) Agency Worker Name:			(*) Week Ending:  (*) Position:		
(*) DAY	(*) DATE	(*) START TIME	(*) BREAK/S /SHIFT GAP/S	(*) END TIME	(*) TOTAL HOURS TO BE PAID
					(*)

## NOTICE TO CLIENTS

THE GRAND TOTAL HOURS WORK MUST BE COMPLETED PRIOR TO SIGNATURE BY CLIENT.

Signed timesheet by authorised signatory is acceptance of terms & conditions.

(*) Signed	(*) Print Name
(*) Position	(*) Date

Head Office Number: 02381 550 012

Please email timesheet to: timesheets@workforceresourcing.co.uk
(NO OTHER METHOD WILL BE ACCEPTED)

A minimum of all areas with \* must be filled in, if this minimum is not metyour timesheet may be rejected.

Head Office Landline: 02381 550 012