

TIME SHEET

Client _____

Candidate _____

Wk Ending _____

The number of hours worked must be completed and totaled by the candidate before the timesheet is signed by the client. The timesheet must reach our office by **9.00 a.m on Monday. Payment may be delayed if the timesheet is not signed by the candidate & client.**

Day	Date	Start	Finish	Break	Total Hours
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

Candidate declaration:

I declare I have accurately recorded my time on the Timesheet.

I understand my payment for these hours may be delayed if I do not supply the completed timesheet by the specified time and date.

Signature.....

Date.....

Client declaration:

I certify that the above total number of shift hours have been under taken and payment will be made in respect of total shift hours according to the terms of business which I have read and accepted as the basis of the transaction.

Signature.....

Date.....

Name.....

Position.....