

# The Office Recruitment Partnership

## TIMESHEET

INVOICE NO \_\_\_\_\_

### FOR TEMPORARY STAFF TO COMPLETE:

PLEASE ENSURE YOU COMPLETE THE TIMESHEET WITH AUTHORISATION BY THE CLIENT AND FAXED BACK TO US NO LATER THAN THE LAST WORKING DAY OF THE WEEK.

CANDIDATE NAME: \_\_\_\_\_ WEEK ENDING \_\_\_\_\_

CANDIDATE POSITION: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

### PLEASE RECORD DETAILS OF HOURS WORKED BELOW

	DATE	START	BREAKS/LUNCH (PLEASE DEDUCT)	FINISH	DAILY HOURS
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					

TOTAL	
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### FOR CLIENT AUTHORISATION:

I certify that the above hours worked by this employee, and to be invoiced by the Partnership, are as shown.

CLIENT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

CLIENT NAME (PRINT): \_\_\_\_\_

POSITION: \_\_\_\_\_

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