



Week Ending _____

Temporary worker: _____ Position: _____

CONTRACT DETAILS

Company Name: _____

Site Address: _____

Please mark F in the box
 if finishing contract this week

Reporting to: _____

	Start Time	Finish Time	Total Hours	Minus Breaks	Hours Paid
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
				Total hours worked:	

CLIENT AUTHORISATION

I hereby confirm the hours worked by the Temporary Worker, all breaks have been deducted and all work carried out by the Temporary Worker has been checked and that I am satisfied with the standard of work. I have read and understand your Terms and Conditions of Business.

Authorised by: _____ Position: _____

Print Name: _____ Date: _____

Please ensure signed time sheets are returned to Simon Nicholas Associates by no later than 12.00 the following Monday or payment may be delayed. Time sheets can be:- Scanned and emailed to timesheets@simonnicholasassociates.com or Send an image to 07969885467 or Faxed on 0115 9878494