

TIMESHEET

Fax: 01622 320049

Please note that it is the responsibility of the Temporary Worker to ensure that this completed timesheet is returned to Goldhawk Associates by **9.30 am** on the Monday following the week worked. **Failure to do so may mean you miss the weekly payment run.**

Client Name:	
Client Site Address:	
Worked week commencing Monday:	
Name of temporary worker:	

	FULL DAY	HALF DAY
Saturday	-----	-----
Sunday	-----	-----
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Total Days Worked		

I certify that the total hours above have been satisfactorily worked and that payment will be made in respect of these according to your terms and conditions of business, which I have received and accept as the basis of this transaction.

Authorised Client signature Print name

Position Date

www.goldhawkassoc.co.uk

