

Telephone:

For Office Use Only	

WEEKLY TIMESHEET

Name of Temp:								
Position worked:								
Week Commencing:								
RECOR	D OF HOURS WO	RKED						
DAY	DATE (E.g. 01/01/2019)	START (E.g. 08:00 or 20:00)	FINISH (E.g. 08:00 or 20:00)	TOTAL HOURS WORKED	AUTHORISED NAME & SIGNATURE			
SUN								
MON								
TUE								
WED								
THU								
FRI								
SAT								
TOTAL WEEKLY HOURS								
EMPLO'	YERS DETAILS							
Company/Client Name:								
Address:								

* IMPORTANT NOTICE: The deadline for Timesheet's is 5.30pm on Mondays for payment of wages for the previous week worked. Failure to submit a timesheet may result in the loss of entitlement for payment of hours worked. The company takes no responsibility for late timesheets.

Contact Name: __

42 Orsett Road, Grays, Essex RM17 5EB Tel: 01375767977 Out of Hour: 07719309088

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