

2nd Floor 4 The Boulevard Crawley West Sussex RH10 IXX Tel: 01293 571666 Fax: 01293 571577

Company Registration Number: 4388776

## Time Sheet

| CLIENT   |                    |                               |                       |                     |  |  |
|--|--------------------|-------------------------------|-----------------------|---------------------|--|--|
| ADDRESS  |                    |                               |                       |                     |  |  |
| REF NO.  |                    |                               |                       |                     |  |  |
| CONTACT  |                    |                               |                       |                     |  |  |
| YOUR A-ONE CONTACT   |                    |                               |                       |                     |  |  |
|  |                    |                               |                       |                     |  |  |
| Temporary Worker in Consuminations of Committees to deficilities a November of Committee of the Committee of |                    |                               |                       |                     | I have read and agree to a<br>conditions as stated on cli<br>anything to cause the cons<br>its obligations under the V | ents copy and will not do<br>ultants to be in breach o |
| CLIENTS SIGNATURE  |                    |                               |                       |                     |  |  |
| FULL NAME  |                    |                               |                       | POSITION            |  |  |
| DATE   |                    |                               |                       |                     |  |  |
| REQUIRED NEXT WEEK   | YES NO             |                               |                       |                     |  |  |
|  | NOTE TO CLIENT: Si | gnature is taken as conclusiv | ve evidence of hours  | worked.             |  |  |
| OPERATORS NAME   |                    |                               |                       |                     |  |  |
| CODE OF PAY  |                    |                               |                       |                     |  |  |
| ASSIGNMENT   |                    |                               |                       |                     |  |  |
| START DATE   |                    |                               |                       |                     |  |  |
| START DATE   |                    |                               |                       |                     |  |  |
| OPERATORS SIGNATURE  | 1                  |                               |                       |                     |  |  |
| OF EIGHT ON SIGNATIONE   | NOTE TO OPERATOR   | R: No payment will be made    | de without a signed t | imesheet. Timesheet | must be received no later  |  |
|  |                    | than 10.00am Monday n         | norning otherwise pa  | ayment may be delay | ed until the following week  |  |
| HOURS WORKED   |                    | 1                             | A.M.                  |                     | P.M. TOTAL   |  |
|  |                    | START                         | FINISH                | START               | FINISH   | TOTAL<br>HOURS   |
|  | SATURDAY           |                               |                       |                     |  |  |
|  | CLINIDAY           |                               |                       |                     |  |  |
|  | SUNDAY             |                               |                       | -                   |  |  |
|  | MONDAY             |                               |                       |                     |  |  |
|  | TUESDAY            |                               |                       |                     |  |  |
|  | WEDNESDAY          |                               |                       |                     |  |  |
|  | THURSDAY           |                               |                       |                     |  |  |
|  | FRIDAY             |                               |                       |                     |  |  |
|  |                    |                               | TOTA                  | AL HOURS: (E)       | clusive of lunch breaks)   |  |

White copy to be returned signed by client. Blue copy to be retained by client. Yellow copy to be retained by temporary operator.