

Weekly – Temporary Employee Timesheet

Your First Name:	Your Limited Company Name (if applicable):
Your Surname:	Your Preferred Contact No:
Week commencing: <i>e.g w/c 22 March 2010</i>	Reporting to:

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Start time							
Finish time							
Deduct : Lunch time							
Hours worked per day							

Hourly rate <input type="checkbox"/>	Daily rate <input type="checkbox"/>
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Total Hours/Days	Basic	Overtime

This is my Last Timesheet	<input type="checkbox"/>	Please issue me my P45	<input type="checkbox"/>	(Only if last timesheet)
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Authorisation:

I confirm that the above employee worked the hours stated above in that week.

Signature		Date	
Name		Position	

PLEASE COMPLETE ALL SECTIONS OF THE TIMESHEET
 Submit by E-mail to timesheets@argyllscott.com OR Fax to 020 7806 1611

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