

Time Sheet
Hours Worked W/E Friday ___/___/___



ESSENTIALCHOICE

Name	
Job Title	
Address	

<small>For Office Use Only</small>

Hours Worked for Week Ending Friday ___/___/___

	SAT		SUN		MON		TUES		WED		THURS		FRI		TOTAL
Basic Hours															
Overtime Hours (If Applicable)															
Holiday Taken (Tick Box)	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	
Total of Payable Hours															

TEMPORARY WORKER TO SIGN

I hereby declare that the hours worked I am claiming payment for are correct and understand that this document will be used to calculate my wages.

Signature: _____

Client Details

Name of Company	
Project/Site Name (If Applicable)	
Order Number (If Applicable)	
Invoicing Office Address	
Company Telephone No	

Client Declaration & Authorisation

I hereby certify that the hours worked are correct and understand that this document will be used to calculate charges. I accept the terms and conditions of introduction issued by Essential Choice and I am an authorised signatory on behalf of the client.

NAME: _____

POSITION: _____

SIGNATURE: _____

Please return this timesheet by 5.00pm Monday to:

Essential Choice
 3rd Floor Gem Buildings / 23 Blakett Street / Newcastle upon Tyne / NE1 5BS
 Tel: 0191 222 1616 / Fax: 0191 222 1717
 Once checked certified copies will be issued to the Client with invoice