



## TIME SHEET FOR TEMPORARY WORKER

Client Name:.....

Cost Centre Number:.....

Purchase Order Number.....

WEEK ENDING:.....(Friday or Saturday)

### **INSTRUCTONS:**

Please complete the number of hours that you have worked each week It is essential that Time sheets are checked & signed by your Line Manager. Relevant fields for you to complete are highlighted and underlined in bold. Complete by Monday noon to be paid on time each week. You will be paid the following Friday – weekly in arrears

**PLEASE NOTE ONLY Complete the Bold / Underlined Sections of the Table**

**PLEASE POST / FAX to the address below. NB If faxed we will double check with the client that the hours are correct.**

Client ID	Temp Worker Number	Temp Worker Name	Customer Number	Customer Name	Day	Basic/Overtime Hours			Expenses		
						<u>Hours</u>	Pay	Charge	Pay	Charge	Details (include receipts)
			N/A		MON						
					TUE						
					WED						
					THURS						
					FRI						
					SAT						
					SUN						

**Completed By, (Temp Worker Name):**

**Signed**

**Date:**

**Receipt of Time sheets checked by (Line Manager):**

**Print Name:**

**Signed**

**Date:**

**PLEASE POST TO:** Alliance Consulting is a trading name of AC Human Resources Ltd. Reg. Office Suite A2, Spaces Business Centre, Elstow Road, Bedford, MK42 8PL  
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