

| | |
|-------------------|--|
| NAME OF EMPLOYEE: | |
| JOB TITLE: | |
| WEEK COMMENCING: | |
| COMPANY: | |

| SUMMARY OF HOURS WORKED* | | | | |
|---|--------------|---------------|--------------|--------------------|
| | TIME STARTED | TIME FINISHED | BREAKS TAKEN | TOTAL HOURS WORKED |
| MONDAY: | : | : | : | : |
| TUESDAY: | : | : | : | : |
| WEDNESDAY: | : | : | : | : |
| THURSDAY: | : | : | : | : |
| FRIDAY: | : | : | : | : |
| SATURDAY: | : | : | : | : |
| SUNDAY: | : | : | : | : |
| <i>* please round all times above to 15 minute increments</i> | | | TOTAL | : |

SIGNATURE OF TEMPORARY EMPLOYEE:

_____ DATE: _____ POSITION: _____

TO BE COMPLETED BY EMPLOYER:

I certify that a total of _____ hours have been satisfactorily worked and will be paid in respect of these according to your terms and conditions of business.

_____ DATE: _____ POSITION: _____

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DUE BACK TO US BY 10am EACH MONDAY TO ENSURE PROMPT PAYMENT