

## WEEKLY TIME SHEET

**Reference number:**

Name of temporary worker(s)	Total daily net hours (including overtime)							Total normal net hours	Overtime hours worked			Total hours for the week	Basic hourly rate (office use only)		Job Title
	Mon	Tue	Wed	Thur	Fri	Sat	Sun		1	1/2	2				

**Week starting Monday:**

**Client name**

**Report address**

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<b>Client signature</b>	<b>Client name</b>	<b>Client job title</b>	<b>Date</b>
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**To the client:** Please sign this time sheet as proof of hours worked, clearly stating any overtime. Print your name and give your job title. Please keep the bottom copy for your records. Your signature will certify that the hours shown were worked satisfactorily; that you agree to be bound by the terms of business, an original of which will have been sent to you; and you agree that a fee will be due to Rearden-Cord if any direct engagement of a temporary worker takes place.

**To the temporary worker(s):** Please make sure this time sheet is clearly filled in and properly authorised by the client. The top copy must be returned to Rearden-Cord on job completion. **Failure to return time sheets promptly will delay payment of your wages**

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