



10 Castle Terrace, Edinburgh, EH1 2DP
Ph: 0131-623-9299
Fax: 0131-623-9296

TIMESHEET

TEMPORARY EMPLOYEE

NAME:	POSITION:
DEPARTMENT:	WEEK COMMENCED:

CLIENT

COMPANY:	REPORT TO:
ADDRESS:	TEL NO:

	MON	TUE	WED	THURS	FRI	SAT	SUN
TIME IN:							
LUNCH OUT:							
LUNCH IN:							
TIME OUT:							
TOTAL HOURS:							

Please round total hours to the nearest 15-minute interval

TOTAL HOURS WORKED: _____

HOLIDAY PAY REQUESTED (HOURS): _____

EMPLOYEE SIGNATURE: _____ **DATE:** _____

CLIENT SIGNATURE: _____ **NAME:** _____