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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:** _____