



The Flint Glass Works
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TIMESHEET

PLEASE COMPLETE AND RETURN THIS TIMESHEET NO LATER THAN 5PM THE FOLLOWING MONDAY SIGNED BY THE CLIENTS REPRESENTATIVE

TEMP NAME.....

WEEK ENDING.....

DAY	SITE ADDRESS	JOB TYPE	TIME STARTED	BREAK	TIME FINISHED	TOTAL HOURS
MON						
TUE						
WED						
THUR						
FRI						
SAT						
SUN						
NOTICE TO CLIENTS						TOTAL

A timesheet signed by an authorised representative of the Client will be deemed as confirmation of the final hours for invoice/pay purposes & as such no deductions from invoices will be accepted
 This timesheet is in accordance to our Terms and Conditions

TEMP SIGNATURE.....

DATE.....

COMPANY NAME.....

ADDRESS.....

.....

.....

CLIENT SIGNATURE.....

PRINT NAME.....