

TIMESHEET

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NAME OF COMPANY:

WEEK COMM:

COMPANY ADDRESS:

PLEASE REPORT TO:

DEPT:

NAME OF TEMP:

POSITION:

	MORNING		AFTERNOON		DAILY TOTAL
	From:	To:	From:	To:	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Please total hours to nearest 15 minutes. Final total should be shown in decimal, e.g. 37.50 instead of 37½					Total Hours

I agree to the Seekers Staff Bureau Ltd Terms of Business for the Supply of Temporary Staff Services and confirm that the hours shown above are correct. I am aware that the engagement of a Temporary Worker introduced by Seekers Staff Bureau Ltd renders the Client liable to an introduction fee, transfer fee or extended period of hire as set out in the Seekers Staff Bureau Ltd Terms of business.

Signature for Company: Date:

Please print name: Position:

PLEASE COULD BOTH CLIENT AND TEMPORARY WORKER KEEP A COPY OF THIS TIMESHEET