

TIMESHEET

CANDIDATE NAME	COMPANY NAME	REPORT TO
		INVOICE TO
		Job ID No

***URGENT INFORMATION: Complete your timesheet with confirmation signature of client & return to our offices by 5.00pm Friday (close of business) of the week worked.**
 (White copy to PMA – Green copy to be retained by the Client)

	STANDARD HOURS			HOLIDAY PAY <small>Tick boxes if required</small>			COMMENTS
	AM	PM	Total	AM	PM	Total	
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SAT /SUN							
TOTAL <small>(Hours & minutes only)</small>							URGENT *SEND YOUR TIMESHEET NOW

I hereby certify that the hours worked are a correct record

CANDIDATE SIGNATURE

*

WEEK ENDING:

Finish of contract?

Yes or No

Date of Finishing:

Do You require a P45?

CLIENT TO FILL IN ALL DETAILS PLEASE: * FAX NOW: 0116 254 8720

NB: Do not Total holiday hours in for agreed working week when verifying hours.

TOTAL HRS SIGNED FOR:	ORDER NO:	CLIENT NAME:	
CLIENT POSITION:	CLIENT SIGNATURE:		

I hereby certify that the total hours worked are a correct record of hours worked by the temporary worker, and I accept that I must pay the charges invoiced in respect of the above in accordance with Paul Mitchell Associates Terms of Business.