



JFL SEARCH & SELECTION

Temporary Employee Timesheet

FAX TO: 020 7734 6501

Your first name:	Week Beginning: (Monday is 'first day' of the week)
Your Surname:	Client Company:
Your Limited Company name: (if applicable)	Client Address:
Your preferred contact number:	Client Telephone number:
Please complete a PO number if applicable – this can be obtained from your Manager when he/she authorises your timesheet.	PO number:

Please fill in the start/end times, hours and days worked (do not leave relevant sections blank)

Day	AM		PM		Hours Worked		Days worked (if day rate)
	Start	End	Start	End	Normal	Overtime	
Mon							
Tues							
Wed							
Thurs							
Fri							
Sat							
Sun							
Total in numbers (e.g. 35)							
Total in words (e.g. thirty five)							

This is my last Timesheet	Y/N	Please issue my P45	Y/N
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Client authorisation

I confirm that the above employee worked the hours stated above in that week.

Temp signature		Date	
Client signature		Date	
Client Name (Please print your name)		Position	

PLEASE COMPLETE ALL SECTIONS OF THE TIMESHEET

Faxed Timesheets must be received by Monday 12pm to ensure payment

Failure to return timesheets on time will result in late payment of salary. Thank you for your cooperation.

If Holiday Payment is required, please mark clearly on relevant days.