



name of temporary: .....

client: .....

department: .....

week ending (friday):.....

Day	start	finish	breaks	total hours worked	normal hours	overtime 1	overtime 2
mon							
Tues							
Wed							
Thur							
Fri							
Sat							
Sun							
			<b>total</b>				

approved: .....  
signature print name

dated: ..... total hours.....

send copy to: .....

consultant: .....

please ensure your timesheet is faxed on friday pm on:  
designstudiopeople: 0870 220 3874