

TIMESHEET**RESOURCEFM**

Week Commencing:

Temp Name:

Week No.:

Order No.:

Temp I.D.:

Client I.D.:

PLEASE COMPLETE AND FAX THIS TIMESHEET BY 10AM THE FOLLOWING MONDAY PLEASE ENSURE ALL HOURS HAVE BEEN SIGNED OFF BY THE CLIENT'S REPRESENTATIVE

Client Name:	
Client Address:	Signature:
	Print Name:

Notice to Client: *We certify that the above mentioned temporary worker has attended for assignment with us at the stated times and to our satisfaction. We agree to be bound by Resource FM's Terms & Conditions.*

	START	LUNCH	FINISH	BASIC HOURS	OVERTIME 1	OVERTIME 2
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						
			TOTAL HOURS:			

Notice to Temporary Worker: *I certify that the hours claimed above are a true and accurate reflection of hours worked.*

Signature: **Date:**

Please ensure that you take copies of this document for your use and provide a copy to the client.