

WEEKLY TIMESHEET

This must be faxed to 0333 323 3984 or emailed to accounts@staffmatch.org.uk
by 2pm on Monday in order to ensure being paid on time.

NAME: _____

WEEK ENDING: Sunday ___/___/___

SCHOOL/NURSERY : _____

Complete if part day/overtime

DAY	DATE	FULL DAY?	TIME START	Unpaid Breaks	TIME FINISH	TOTAL Hours/Days and Comments
Monday		<input type="checkbox"/>				
Tuesday		<input type="checkbox"/>				
Wednesday		<input type="checkbox"/>				
Thursday		<input type="checkbox"/>				
Friday		<input type="checkbox"/>				
Saturday		<input type="checkbox"/>				
Sunday		<input type="checkbox"/>				
TOTAL HOURS/DAY FOR WEEK =						

The above named worker has worked the days/hours above
and we agree to pay your account in accordance with your Terms and
Conditions of Business.

Authorised by: _____ Position: _____

Signature: _____ Date: _____

I certify that I have received and read your Terms Of Engagement For Agency
Workers (Contract For Services) and that I have carried out the work detailed
above.

Agency Worker Signature: _____ Date: _____