

Time sheet No. :

Controllers Signature:

Law Choice Recruitment Agency Limited
 43 London Wall
 London EC2M 5TF

Tel: 020 7330 1100
 Fax: 020 7256 2929
 Email: info@law-choice.com
 Website: www.law-choice.com

Name of Temporary: _____

Company: _____

Week Commencing Monday: _____

Address: _____

Report to: _____

Department: _____

Normal Working Hours: _____

Principal Contact: _____

| DATE | START | FINISH | LUNCH | BASIC | OVERTIME HOURS 1 | OVERTIME HOURS 2 |
|------|-------|--------|-------|-------|------------------|------------------|
| Mon | | | | | | |
| Tue | | | | | | |
| Wed | | | | | | |
| Thur | | | | | | |
| Fri | | | | | | |
| Sat | | | | | | |
| Sun | | | | | | |

Weekly Totals

| | | |
|--|--|--|
| | | |
|--|--|--|

INSTRUCTIONS TO TEMPORARY WORKERS

Filling out your time sheet correctly is YOUR responsibility. Make sure all relevant sections are completed and ALWAYS get your time sheet signed by an AUTHORISED person at the client company.

Please fax your time sheet to us on the last day of your booking and ALWAYS ensure that the original reaches us by 10.30 am the following Monday morning. We can only guarantee to pay wages when we are in receipt of an ORIGINAL, SIGNED time sheet.

If you need any help when completing your time sheet or you have any problems whatsoever, call your Temporary Controller who will be happy to help.

Client signature: _____

Printed name: _____

Position within company: _____

I certify that the total hours worked as above are correct and we agree to pay your account in accordance with your terms of business for the supply of temporary staff (see reverse for full terms of business)

OFFICE USE ONLY

| Normal hours | Overtime hours 1 | Overtime hours 2 |
|----------------|---------------------|---------------------|
| Basic pay rate | Overtime pay rate 1 | Overtime pay rate 2 |
| £ | £ | £ |
| Charge | Overtime charge 1 | Overtime charge 2 |
| £ | £ | £ |