

NAME OF TEMPORARY WORKER

WEEK COMMENCING MONDAY

COMPANY

ADDRESS

POST CODE

REPORT TO

DEPARTMENT

NORMAL WORKING HOURS

PRINCIPAL CONTACT

DATE	START	FINISH	LUNCH	HOURS	OVERTIME*
MON					
TUES					
WED					
THUR					
FRI					
WEEKLY TOTALS					

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.

## IMPORTANT INFORMATION

Filling out your timesheet correctly is vital as we can't pay you without it being signed by an authorised signatory and filled out in its entirety. When your timesheet is completed please scan and e-mail it back to us at [info@law-choice.com](mailto:info@law-choice.com) before 10.30am on the following Monday morning. If you need any help completing your timesheet correctly please contact your consultant who will be very happy to help you.

\*Overtime - Overtime is not normally paid so please check with your authorised signatory before entering anything in the overtime column. If they do agree to pay overtime we will need an e-mail from them to confirm both the authorisation and rate of overtime.