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WEEK ENDING DATE \_\_\_\_\_

CLIENTS NAME \_\_\_\_\_

WORKER

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CLIENT/JOB No.	SAT	SUN	MON		TUES		WED		THUR		FRI		BASIC	OVERTIME			
			O/T	O/T	O/T	O/T	O/T	O/T	O/T	W/D	SAT	SUN					
TIME SHEETS NOT RECEIVED BY MONDAY, MAY RESULT IN PAYMENT DELAY. THE ABOVE REPRESENTS A RECORD OF HOURS WORKED.												TOTALS					

**Signature of Temporary Worker**

\_\_\_\_\_

Name (Please Print)

\_\_\_\_\_

Date

\_\_\_\_\_

**I hereby certify that the above is a correct record of the hours I have worked for the weeks stated above.**

**Signature of Client**

\_\_\_\_\_

Name (Please Print)

\_\_\_\_\_

Position \_\_\_\_\_ Date \_\_\_\_\_

**I hereby certify that the above temporary worker has satisfactorily worked the hours stated and agree that payment will be made at the rates stated in respect of these according to your terms and conditions of business which I have received and accept as the basis of this transaction.**