

TIMESHEET

PLEASE EMAIL TIMESHEETS TO (timesheets@hcctemps.co.uk) BY FRIDAY 9AM TO BE PAID THE FOLLOWING WEDNESDAY

EMPLOYEE NAME:	ROLE:
TRUST/COMPANY NAME:	CLIENT LOCATION:
UNIT/DEPARTMENT:	SUPERVISOR NAME:

DAY	DATE	START TIME	BREAK	END TIME	TOTAL HOURS (EXCLUDING BREAK)
FRIDAY					
SATURDAY					
SUNDAY					
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					

<p><i>My signature below certifies that I have accurately recorded all hours worked.</i></p> <p>EMPLOYEE SIGNATURE:</p>	DATE:
<p><i>We certify the above-named person worked the above hours at the grade specified above. We agree to pay any invoice because of this timesheet.</i></p> <p>SUPERVISOR SIGNATURE:</p>	DATE:
SUPERVISOR ROLE:	

