



WWW.RLMJOBS.COM

**SPECIALIST DRIVING &
INDUSTRIAL EMPLOYMENT BUSINESS**

Timesheet Number.....

Fax: 01202 479998

Email: christchurch@rlmjobs.com

W/E Date.....

TIME SHEET
TEMPORARY WORKERS COPY

(Signed copy to be returned to Branch by 10am Monday)

Company Name
.....

Address
.....
.....

Temporary Workers Name
.....
Nature of work.....

	Start time		Finish time		Break		Total hours to be paid							
<u>Example</u>	0	8	3	0	1	7	3	0	3	0	0	8	3	0
Mon														
Tue														
Wed														
Thu														
Fri														
Sat														
Sun														

Total No
Of Hours
To be paid

To be checked and signed by the client

I am an authorised representative of the client and have read and accepted the terms and Conditions of Business.

Clients Signature Date.....

Print Name.....Position.....