



Name (please print)	
W/E Date	
Pay No	
Client Name	
Address	
Site/Dept	



**TIMESHEET – HOURS WORKED**

Return to your Search Issuing Office by 9.00 am Monday to ensure payment this week. Please exclude any break times when calculating your Total Hours worked.

DAY	DATE	Basic				Overtime 1			Overtime 2			
		Start Time	Lunch Out	Lunch In	Finish Time	Total Hours	Start Time	Finish Time	Total Hours	Start Time	Finish Time	Total Hours
Monday												
Tuesday												
Wednesday												
Thursday												
Friday												
Saturday												
Sunday												
Total Hours excluding break times												

I confirm that I have worked the hours as stated above

Associate's signature

Date

**TO BE COMPLETED AND AUTHORISED BY CLIENT**

IT IS HEREBY CERTIFIED THAT THE HOURS SHOWN ARE CORRECT AND THAT THE WORK WAS PERFORMED SATISFACTORILY AND IN ACCORDANCE WITH THE WORK SPECIFICATION, WHICH INCORPORATES THE TERMS AND CONDITIONS OF BUSINESS OF SEARCH CONSULTANCY LIMITED. THE PURCHASE ORDER NOTED BELOW IS THE VALID NUMBER FOR THIS ASSIGNMENT.

Purchase Order No

Print name

Signed

Title

Date