TIME-SHEET

Week Ending (SUNDAY) _____

Worker's Name (BLOCK CAPS) _____

Client Organisation (BLOCK CAPS)) _____

TIME-SHEET DEADLINE - MONDAY, 5.30 PM

Please ensure that completed time-sheets are signed by your supervisor at the Client organisation and sent to TFPL by scanning and emailing to payroll@tfpl.com.

Payment will only be made against properly completed, signed and submitted time-sheets.

Please use hours and minutes when completing the time-sheet, i.e. 7 hrs 30 mins. Please round total for week up or down to nearest 15 minutes. Please change hours to days if you are on a daily rate. Please state clearly when requesting leave whether you want paid or unpaid leave.

Day	Date	Start Time	Finish Time	Break	Total Hours worked		Total Agreed O/T worked	
					Hrs	Mins	Hrs	Mins
Mon								
Tues								
Wed								
Thur								
Fri								
Sat								
Sun								

			ENT	CHK
Total Hours worked this week				
Office Use				
Paid Leave				

I agree that the above is an accurate reflection of the hours worked

Temporary Worker _____ (signature)

Client Supervisor _____ (signature)   Date _____

Client Supervisor _____ (PRINT NAME)

I am due to finish this assignment on _____ ☐

More work please - to start from _____ ☐

This is my last time-sheet for this client ☐

Please send my P45 ☐