premier
placement services

Client: _____

Address: _____

_____

_____ Postcode _____

Timesheet Number: _____

Client Code: _____

Purchase Number: _____

Week Ending: _____

Drivers Name: _____

Report to: _____

Category of Work: _____

SUMMARY OF HOURS WORKED

	Start Time	Finish Time	Working Time	Periods of Availability	Breaks / Rest	Total Shift Time
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
Total Hours Worked						

Timesheet Deadline 10.00am Monday - Please Return ASAP

I certify that the hours above have been satisfactorily worked and that payment will be made in respect of these according to your terms and conditions of business which I have received and accept as the basis of this transaction. Hours are paid to the nearest quarter hour.

Print Name	Signature
Position	Date