

Timesheet

RFM/069/Mar08/02



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t: 0117 989 8200
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Week Commencing:		Temp Name:	
Week No:		Order No:	
Temp ID:		Client ID:	

**PLEASE COMPLETE AND FAX THIS TIMESHEET BY 10AM THE FOLLOWING MONDAY
PLEASE ENSURE ALL HOURS HAVE BEEN SIGNED OFF BY THE CLIENT'S
REPRESENTATIVE**

Client Name: _____

Client Address: _____

Client Signature: _____ **Print Name:** _____

Notice to Client: We certify that the above mentioned temporary worker has attended for assignment with us at the stated times and to our satisfaction. We agree to be bound by Resource FM's Terms & Conditions.

	Start	Lunch	Finish	Basic Hours	Overtime 1	Overtime 2
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
			Total Hours:			

Notice to Temporary Worker: I certify that the hours claimed above are a true and accurate reflection of hours worked.

Signature:Date:.....

White Copy - return to Resource FM Yellow Copy - retained by client Pink Copy - retained by temporary worker