

Week Ending: TIME SHEET Office Copy

							Employee Name:			
Clients Name:						Job Grade:				
Date		Start Time	End Time	Break Time	Total Hrs. Worked	Payroll Id:				
	Day						Departm	nent:	Manager's Initials	
	Monday									
	Tuesday									
	Wednesday									
	Thursday									
	Friday									
	Saturday									
	Sunday									
I certify that having receive worked by the staff named	ed the terms and cor	ditions of <b>E</b>		ecruitment Ltd, the	e hours shown	Proces	sed By:			
Signed					Day	Night	Saturday	Public - Holiday		
Position			Da	Date						
Total Hours										

Note: Time sheets not received by Monday 14.00hrs will not be processed until the following week