Timesheet

**Timesheets must be returned no later than 9am Monday morning, signed and completed clearly by both client and candidate and sent to Chefoholics via email to** emma@chefoholics.co.uk **or photo message to 07736 466522, failure to comply may result in late payment!**

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| --- | --- |
| Temp Name:  | Week Ending: |
| Client:  | Timesheet No. |
| Client Address:  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Time Started | Break Start | Break Finished | Time Finished | ATotal Hours Worked | BTotal Hours Standard | CO/T Hours x 1.5 | DO/T Hours x 2 |
|  |  |  |  |  |  |  |  |  |
| Mon |  |  |  |  |  |  |  |  |
| Tues |  |  |  |  |  |  |  |  |
| Wed |  |  |  |  |  |  |  |  |
| Thur |  |  |  |  |  |  |  |  |
| Fri |  |  |  |  |  |  |  |  |
| Sat |  |  |  |  |  |  |  |  |
| Sun |  |  |  |  |  |  |  |  |
| TOTAL HOURS WORKED = 40The Total of Columns B C and D should equal column A |  |  |  |  |

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| --- |
| I confirm and agree that the total hours listed above, including overtime hours have been satisfactorily worked and that payment in respect of these will be made according to your current terms of business which I have received from you and accept as the basis of this transaction. |
| Client Name: | Signature: | Date: |

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| Temp's Name: | Signature: | Date: |