**TEMPORARY WORKER TIME SHEET**

NAME: ...................................................... SIGNATURE: ………………………………………….

(In signing this timesheet I acknowledge that the hours below have been worked subject to the Conditions of Work for Temporary Workers signed by me and returned to Angela Mortimer Recruitment or any subsidiary or associated company.)

COMPANY:

..........................................................................................................................................

WEEK ENDING DATE (Friday): ..........................................................................................................................................

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| DAY | START WORK | BREAK | BREAK | FINISH WORK | BREAKS TAKEN | TOTAL HOURS |
|  |  | FROM | UNTIL |  | Y/N |  |
| MONDAY |  |  |  |  |  |  |
| TUESDAY |  |  |  |  |  |  |
| WEDNESDAY |  |  |  |  |  |  |
| THURSDAY |  |  |  |  |  |  |
| FRIDAY |  |  |  |  |  |  |
| SATURDAY |  |  |  |  |  |  |
| SUNDAY |  |  |  |  |  |  |

Please fill in your hours to the nearest ¼ hour.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| **APPROVED** |  |  |  |  |  |
|  | **SIGNATURE** |  | **PRINT NAME** |  |  |
|  |  |  |  |  |  |
| **DATED** |  |  | **TOTAL HOURS** |  |  |
|  |  |  |  |  |  |
| **CONSULTANT** |  |  |  |  |  |
|  |  |  |  |  |  |
| **PLEASE ENSURE THAT YOU EMAIL A SIGNED TIMESHEET TO ME EVERY FRIDAY BY 6 PM** | | | | | |
|  |  |  |  |  |  |

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By signing this form on behalf of the Client, we confirm that we have received and accepted the Terms of Business of Angela Mortimer Recruitment and in particular acknowledge that if within 6 or 12 months (depending on the Terms) we engage this temporary worker in any capacity whether temporary, permanent or self-employed we may be liable for an introduction fee as outlined in the Terms of Business.