



**WEEKLY TIME SHEET FOR TEMPORARY STAFF**

Temporary Workers Name: ..... Week Ending: .....

Placement Name: .....

Manager/Supervisor Name: .....

DAY	START	FINISH	TOTAL UNPAID BREAKS	TOTAL PAID HOURS
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

TOTAL PAID HOURS FOR WEEK	
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I hereby declare that this is a correct record of the number of hours I have worked.

Signed (Temporary Worker): ..... Date: .....

**Client Authorisation**

I hereby certify that the hours stated above are a correct record of the number of hours worked by the temporary worker and that the work was to a satisfactory standard.

Signed: ..... Date: .....

**Please note**

The Agency expects the Client to pay for at least one 15 minute break per half day worked. Any other paid breaks are at the Clients discretion.

It is the Employees responsibility to ensure that this time sheet is returned to the Agency by the Monday following the week that has been worked. Please return to: **Carolyn Glen – Childcare Recruitment, 34 The Circle, Danderhall, Midlothian, EH22 1NR.**

It is the responsibility of the Client and the Employee to take a copy for their records.

Additional time sheets are available on the company website or by contacting Carolyn on 0131 663 9826.