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PLEASE RETAIN A COPY OF THIS TIMESHEET AS YOU WILL NEED IT IN THE EVENT OF ANY PAY QUERIES.

IT IS THE RESPONSIBILITY OF THE TEMP TO MAKE ANY ADDITIONAL COPIES OF THIS TIMESHEET.

Client Company:		
	Temp:	
	Week Ending Friday:	

- Job Title:
- 1. ALL SIGNED TIMESHEETS MUST BE RECEIVED BY GSA <u>NO LATER THAN</u> 5.00pm MONDAY TO ENSURE PROMPT PAYMENT. TIMESHEEETS CAN BE SENT VIA POST, FAX OR E-MAIL.
- 2. LATE TIMESHEETS WILL BE PAID THE FOLLOWING WEEK.

SUMMARY OF HOURS WORKED					
	DATE	TIME STARTED	TIME FINISHED	DEDUCT MEAL BREAKS	TOTAL HOURS WORKED
SAT					
SUN					
MON					
TUES					
WED					
THUR					
FRI					
			1	TOTAL	

The signature below certifies that the above hours have been worked satisfactorily and that payment will be made in respect of these according to your terms and conditions of business which I have received and accept as the basis of this transaction.

SUPERVISORS			
SIGNATURE	NAME	•••••	•••••
DATE	REQUIRED NEXT WEEK?	YES	
		NO	