



TIMESHEET

Please retain one copy for your records, pass one copy to your Supervisor and return one copy to The Temp Desk on email (admin@thetempdesk.com) by 5 pm on Friday to ensure accurate payment.

YOUR NAME: ----- WEEK ENDING: -----

COMPANY NAME: -----

	Morning hours worked	Afternoon hours worked	Total hours <i>(if absent, please give reason below e.g. off sick, on holiday)</i>
SATURDAY			
SUNDAY			
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			

TOTAL HOURS -----

Client Declaration

I confirm that the services provided by this Temporary Worker for the hours stated above have been acceptable to our requirements. Signing this agreement constitutes acceptance of the services provided by both the Temporary Worker and The Temp Desk at OSA, and the Terms and Conditions of Business as stated by The Temp Desk at OSA.

Your Signature: _____

Print Name: _____

Date: / /

Client Signature: _____

Print Name: _____

Date: / /