

**TIMESHEETS SHOULD BE FAXED IMMEDIATELY UPON COMPLETION
OF THE FINAL SHIFT EACH WEEK, AND IN ANY EVENT
BEFORE 9 a.m. MONDAY MORNING
FAX TO : 0191 - 261 2432**



ADDRESS
20 Collingwood St
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NE1 1JF

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0191 261 5135
FAX
0191 261 2432

EMAIL
info@kelburn.com
WEBSITE
www.kelburn.com

TIME SHEET

NAME OF TEMPORARY WORKER

CLIENT _____

LOCATION _____ WEEK ENDING _____

Day	Date	START		FINISH		Payable / Chargeable Hours Worked						Total Worked	
						Basic Hours		O/T (1) Hours		O/T (2) Hours			
		Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins
Sun.		:	:	:	:	:	:	:	:	:	:	:	:
Mon.		:	:	:	:	:	:	:	:	:	:	:	:
Tue.		:	:	:	:	:	:	:	:	:	:	:	:
Wed.		:	:	:	:	:	:	:	:	:	:	:	:
Thu.		:	:	:	:	:	:	:	:	:	:	:	:
Fri.		:	:	:	:	:	:	:	:	:	:	:	:
Sat.		:	:	:	:	:	:	:	:	:	:	:	:
TOTAL						TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL

Other comments: - Include details of any additional expenses, commissions, bonuses etc that are payable.

I certify that the hours shown above have been satisfactorily worked and accept this will form an invoice which will be paid upon receipt.
By signing this Timesheet the client agrees to the Terms & Conditions of Business for Kelburn Recruitment Ltd (these can be found at www.kelburn.com)

I certify that I have worked the hours shown above.

Clients signature _____ Temporary Worker's Signature _____

Please note that should it be revealed that the client's signature or hours on this time sheet have either been forged or signed by a person other than the Client's authorized representative, the temporary workers remuneration will be withheld.

For Internal use only:

INPUT
Initials

CHECKED
Initials

TIMESHEET ID