

TIMESHEETS SHOULD BE SUBMITTED IMMEDIATELY UPON COMPLETION
OF THE FINAL SHIFT EACH WEEK, AND IN ANY EVENT
BEFORE 9a.m. MONDAY MORNING
EMAIL TO : info@kelburn.com



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TIME SHEET

NAME OF TEMPORARY WORKER

CLIENT _____

LOCATION _____

WEEK ENDING _____

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

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 timesheet have been forged or signed by a person other than the Client's authorised representative, the temporary workers remuneration will be withheld.

For internal use only:

INPUT
Initials

CHECKED
Initials

TIMESHEET ID