

T I M E S H E E T

CANDIDATE NAME: _____ WEEK ENDING: _____
 COMPANY NAME: _____ POSITION: _____
 CONTACT NAME: _____ POSITION HELD: _____
 ADDRESS: _____

	MORNING		AFTERNOON		OVERTIME		TOTAL HOURS	
	In	Out	In	Out	In	Out	Regular Hours	Overtime Hours
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
TOTAL								

Candidate Authorisation:

I verify the above hours to be a true reflection of my completed assignment. I have a copy of this signed timesheet for my own records.

Signed: Name (Print):

Client Authorisation:

I confirm that the assignment has been satisfactorily completed for this period and authorise this Timesheet for payment. I am in receipt of Terms & Conditions of Business for CLD Recruitment Ltd. I have a copy of this signed timesheet for our Company's records.

Contact Name: Position:
 Signed: Date:

TIMESHEETS MUST BE COMPLETED, SIGNED BY THE CLIENT AND RETURNED TO CLD RECRUITMENT BY 10.00AM ON THE FOLLOWING MONDAY TO ENSURE PAYMENT ON THE FOLLOWING FRIDAY (EXCEPT ON BANK HOLIDAYS)

WHITE COPY: CLD RECRUITMENT LTD
 PINK COPY: CLIENT
 GREEN COPY: TEMPORARY WORKER