



TIMESHEET

CANDIDATE NAME: _____ CONTACT NO: _____

NAT INSURANCE NO: _____ DATE OF BIRTH: _____

COMPANY NAME: _____ WEEK ENDING: _____

Please fax **one** copy to Juice by the close of business every **Friday**.

| | REGULAR HOURS WORKED | | | | TOTAL HOURS PAID AT STANDARD RATE | TOTAL HOURS OVERTIME PAID AT TIME AND A HALF* |
|--------------|----------------------|----|-----|-------|-----------------------------------|---|
| | DATE | IN | OUT | LUNCH | IN HOURS & DECIMALS | |
| SUNDAY | | | | | | |
| MONDAY | | | | | | |
| TUESDAY | | | | | | |
| WEDNESDAY | | | | | | |
| THURSDAY | | | | | | |
| FRIDAY | | | | | | |
| SATURDAY | | | | | | |
| TOTAL | | | | | | |

CLIENT AUTHORISATION TO PAY OVERTIME - PLEASE INITIAL*
 OVERTIME WILL BE CALCULATED AT TIME & HALF UNLESS OTHERWISE STATED

Which office are you working from? Bath Cheltenham Bristol Swindon

Are you returning to this assignment? NO YES

If No, where will you be working next: _____

Do you required your P45? NO YES

***PLEASE MAKE SURE ALL ADDITIONS ARE CORRECT BEFORE SIGNING**

***PAYMENT AND INVOICING WILL BE CALCULATED FROM THE HOURS SPECIFIED IN THE TOTAL BOXES**

Signed by Client

Signed by Candidate

Name: _____

Signature: _____

Position: _____

Date: _____

If any required information is missing, your timesheet will be sent back unpaid.

Juice Recruitment Ltd

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