

A for Appointments

269 Glossop Road
 Sheffield
 S10 2HB

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Email: reception@forappointments.com



TIME SHEET

Name of Associate:

Weekending:

Week No.

Company Name:

Company Address:

**TIMES TO BE RECORDED IN HOURS – ¼ HOUR MINIMUM
 PLEASE ROUND UP TO THE NEAREST 15 MINS!**

	Arrival	Departure	Less Breaks	Standard Rate	Overtime	Total
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Consultant:				Total	Total	Total Hours Worked
Contract No:						

CLIENT DECLARATION

The above times stated are an accurate record of hours worked by the Associate whose performance over these hours has been satisfactory and you are hereby authorised to invoice our organisation at the agreed rate, to receive payment in line with all clauses and parts of the prevailing agency terms and conditions of business.

SIGNATURE _____ PRINT NAME _____

POSITION _____ DATE _____

PLEASE NOTE

When completing timesheets please ensure that you complete all the boxes subtract any breaks that have been taken during your working hours. All completed timesheets are to be returned to A for Appointments by **Monday at 12.00 Noon** in order to process payment.