



Time Sheet

Invoice Number:
(Our reference)

Week Commencing: / /

Client:

Candidate:

Please enter the number of hours you have worked during normal office hours

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Total Hours worked
Number of hours worked (excluding lunch hour)								
Lunch Break								

Overtime Hours Worked

Paid at normal time								
Paid at time and a half								
Paid at double time								

Declaration:

I confirm that the services provided by this temporary worker for the hours stated above have been acceptable to our requirements. Signing this agreement constitutes acceptance of the services provided by both the temporary worker and EPL Limited, and the terms of business as stated by EPL Limited.

Note:

Please ensure that once authorised, this timesheet is faxed or delivered to the EPL Recruitment offices at the address below by close of business on a Friday (or on a Monday at the end of your working week should your assignment involve working over a weekend period.) Late receipt of a timesheet may result in your wage being deferred for a week.

Client Signature: _____ **Print Name** _____

Position: _____ **Date:** / /

EPL Director Signature: _____ **Date:** / /