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**Timesheet**

Name of Agency Worker:

Job Role:

Week Ending: \_\_/\_\_/\_\_

Client Name:

Client Address:

Date Worked	Time Started	Time Finished	Less Lunch	Normal Hours	Overtime Hours
Mon / /					
Tues / /					
Wed / /					
Thurs / /					
Fri / /					
Sat / /					
Sun / /					
<b>TOTAL HOURS WORKED THIS WEEK</b>					

I confirm that the total hours worked are correct and agree to pay your account in accordance with your terms. As the information on this form is the sole basis for calculating your charge to me, I have initialled any alterations.

Employers signature:

Full Name:

Position in company:

Date:

**Please return this timesheet to Storm Recruitment by Monday at 12pm for the previous week's work.**

Registered Number: 09747818

Registered Address: Storm Recruitment (Swindon) Ltd, 27/28 Commercial Road, Swindon, Wiltshire, SN1 5NS

