

Temporary staff timesheet

PLEASE USE CAPITALS

Temporary/contractor name.....

Company name.....

Dept name.....

Cost centre code .....

Reporting to.....

Week ending date

...../...../.....

| DAY | START TIME | FINISH TIME | LESS BREAK | TOTAL STANDARD HOURS | OVERTIME |
|-----|------------|-------------|------------|----------------------|----------|
| MON |            |             |            |                      |          |
| TUE |            |             |            |                      |          |
| WED |            |             |            |                      |          |
| THU |            |             |            |                      |          |
| FRI |            |             |            |                      |          |
| SAT |            |             |            |                      |          |
| SUN |            |             |            |                      |          |

Total number of hours to the nearest ¼ hour

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

**TIMESHEET AUTHORISATION**

Client's declaration  
I certify that the total number of hours has been satisfactorily worked and that payment will be made in respect of these according to the terms and conditions of business which I have received and accept as the basis of this transaction.

Temporary/contractor signature.....

Authorised client signature\*..... Department.....  
\*Please remember to take a copy for your records

Client signatory name..... Date.....

**Submitting timesheets**

- Email payroll **aptimesheets@advantageresourcing.com** OR
- Fax payroll **0845 351 1702**

**Payroll queries?**

Call Advantage Professional payroll directly on **0800 917 7358**.

Payments will appear on your bank statement as Advantage Professional.

**WARNING** The accurate completion of this timesheet is your responsibility. Fraudulent submission may result in legal action being taken against you.