



## TIMESHEET - ASSIGNMENT DETAILS

EMPLOYEE NAME

CAND NO.

WEEK ENDING SUNDAY  
 ASSIGNMENT START DATE

CLIENT NAME

ROLE QUALIFICATIONS

CLIENT ADDRESS / WORK LOCATION

START TIME  
 EST. DURATION OF ASSIGNMENT  
 EST. SHIFT LENGTH                      HOURS

NATURE OF BUSINESS

ORDER No./EXPENSES  
  
 PAY RATE AS PER CONTRACT

REPORTING TO ON ARRIVAL

WE WILL PAY STAFF IN ACCORDANCE WITH HOURS AGREED (SEE BELOW).  
 PLEASE CALCULATE HOURS AND **SIGN ONLY FOR HOURS WORKED.**  
 HOURS WORKED WILL BE CHARGED WITHOUT DEDUCTION.

DAY	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Total
Hours worked								

**AGREED BY**

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Position \_\_\_\_\_ Date \_\_\_\_\_

We agree that the hours worked are correct and will accept your account for the chargeable hours at the rate specified without deduction.

FACILITIES AVAILABLE

H&S RISKS

FOR OFFICE USE ONLY		
STD HOURS		
O/T		
S/PREMIUM		
N/OUT		

