

Agency ID
 Order Number
 Timesheet ID
 Shift Grade

Client ID
 Temps ID
 Week Ending
 VAT /No VAT

**PLEASE COMPLETE AND RETURN THIS TIMESHEET NO LATER THAN 10:00am
 THE FOLLOWING MONDAY SIGNED BY THE CLIENTS REPRESENTATIVE**

Temp's Name : _____ Week commencing Monday: _____

	START	FINISH	BREAK	TOTAL HR WORKED: (excluding BREAK)	SLEEP IN	AUTHORISED PRINT NAME	AUTHORISED SIGNATURE
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
SUNDAY							

TOTAL HOURS WORKED:	Temp's Signature: _____ Date: _____
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Client:

Address:.....

NOTICE TO CLIENTS

We clarify that the above mentioned temporary worker has attended for assignment with us at the stated times and to our satisfaction. We agree to be bound by The Terms and Conditions of the Company

NOTICE TO TEMPORARY WORKER

Should the temp have any queries regarding pay, please contact your local Dean Healthcare Branch