Temporary Worker's Name	
Client's Name	
Client's Address	
Week Commencing	

PRINCIPAL CHOICE RECRUITMENT CONSULTANCY LTD

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TIMESHEET

Days	Date	Start time	End time	Break time	Total hours	Client daily authorised signature and name	
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
TOTAL HOURS WORKED:							

I confirm that the Temporary Worker named above has worked the hours stated satisfactory and that your invoice will be paid in accordance with your payment terms. Furthermore, I understand that if we subsequently engage the Temporary Worker or introduce them to a third party, then a placement fee may be charged in accordance with our terms and conditions. CAN ALL TEMPORARY STAFF PLEASE ENSURE THAT TIMESHEETS ARE COMPLETED & SIGNED AT THE END OF YOUR WORKING DAY/WEEK – TIMESHEETS NEED TO BE SUBMITTED BY MONDAY 12.00 PM TO ENSURE PAYMENT IS PAID ON TIME.

Worker	Client	Date:
Signature:	Signature:	
Date:	Print Name:	
	Position:	