

**TIMESHEET MUST BE SIGNED DAILY BY THE SHIFT MANAGER  
TO BE COMPLETED AND RETURNED NO LATER THAN MONDAY 8:00 AM TO:  
Suite 2, Kings Court, 153 High Street, Watford WD17 2ER • Tel: 01923 882 888 • Fax: 01923 252 594 • ts@gotpeople.co.uk**

**BRANCH COPY**

**DO NOT PHOTOCOPY**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Employees Address \_\_\_\_\_

Is this a new address? Y  N

Week Ending \_\_\_\_\_ Shift Qualification/Job Title \_\_\_\_\_ I consent that the information I have given you can be passed to the client \_\_\_\_\_ Signature \_\_\_\_\_

Date	Start	End	Breaks (Total)	Hours to be paid	Notes
<b>EXAMPLE</b>	0 ' 7 ' 0 0	1 ' 9 ' 0 0	0 ' 1 ' 0 0	1 ' 1 ' 0 0	
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
IT IS THE CLIENTS RESPONSIBILITY TO DEDUCT ANY BREAKS (IF APPLICABLE)			TOTAL FOR INVOICING →		
IT IS THE CLIENTS RESPONSIBILITY TO DEDUCT ANY BREAKS (IF APPLICABLE)					

**TO BE COMPLETED BY THE CLIENT  
TO SAFEGUARD YOUR ORGANISATION PLEASE ENSURE ALL TOTALS ARE COMPLETED AND PLEASE STRIKE OUT ANY EMPTY BOXES**

Company \_\_\_\_\_ Site \_\_\_\_\_

Invoice Address \_\_\_\_\_

PO number (if applicable) \_\_\_\_\_ Total hours in words \_\_\_\_\_

Client Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_ Position \_\_\_\_\_

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**CLIENT COPY**

**DO NOT PHOTOCOPY**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_



Week Ending \_\_\_\_\_ Shift Qualification/Job Title \_\_\_\_\_ I consent that the information I have given you can be passed to the client \_\_\_\_\_ Signature \_\_\_\_\_

Date	Start	End	Breaks (Total)	Hours to be paid	Notes
<b>EXAMPLE</b>	0 7 : 0 0	1 9 : 0 0	0 1 : 0 0	1 1 : 0 0	
Sunday	: :	: :	: :	: :	
/ /	: :	: :	: :	: :	
Monday	: :	: :	: :	: :	
/ /	: :	: :	: :	: :	
Tuesday	: :	: :	: :	: :	
/ /	: :	: :	: :	: :	
Wednesday	: :	: :	: :	: :	
/ /	: :	: :	: :	: :	
Thursday	: :	: :	: :	: :	
/ /	: :	: :	: :	: :	
Friday	: :	: :	: :	: :	
/ /	: :	: :	: :	: :	
Saturday	: :	: :	: :	: :	
/ /	: :	: :	: :	: :	

IT IS THE CLIENT'S RESPONSIBILITY TO DEDUCT ANY BREAKS (IF APPLICABLE)

IT IS THE CLIENT'S RESPONSIBILITY TO DEDUCT ANY BREAKS (IF APPLICABLE)

**IT IS THE CLIENT'S RESPONSIBILITY TO DEDUCT ANY BREAKS (IF APPLICABLE) TOTAL FOR INVOICING →**

**TO BE COMPLETED BY THE CLIENT TO SAFEGUARD YOUR ORGANISATION PLEASE ENSURE ALL TOTALS ARE COMPLETED AND PLEASE STRIKE OUT ANY EMPTY BOXES**

Company \_\_\_\_\_ Site \_\_\_\_\_

Invoice Address \_\_\_\_\_

PO number (if applicable) \_\_\_\_\_ Total hours in words \_\_\_\_\_

Client Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_ Position \_\_\_\_\_

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**CANDIDATE COPY**

**DO NOT PHOTOCOPY**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_



Week Ending \_\_\_\_\_ Shift Qualification/Job Title \_\_\_\_\_ I consent that the information I have given you can be passed to the client \_\_\_\_\_ Signature \_\_\_\_\_

Date	Start	End	Breaks (Total)	Hours to be paid	Notes
<b>EXAMPLE</b>	0 7 : 0 0	1 9 : 0 0	0 1 : 0 0	1 1 : 0 0	
Sunday	: :	: :	: :	: :	
/ /	: :	: :	: :	: :	
Monday	: :	: :	: :	: :	
/ /	: :	: :	: :	: :	
Tuesday	: :	: :	: :	: :	
/ /	: :	: :	: :	: :	
Wednesday	: :	: :	: :	: :	
/ /	: :	: :	: :	: :	
Thursday	: :	: :	: :	: :	
/ /	: :	: :	: :	: :	
Friday	: :	: :	: :	: :	
/ /	: :	: :	: :	: :	
Saturday	: :	: :	: :	: :	
/ /	: :	: :	: :	: :	
IT IS THE CLIENTS RESPONSIBILITY TO DEDUCT ANY BREAKS (IF APPLICABLE)			TOTAL FOR INVOICING →	: :	
IT IS THE CLIENTS RESPONSIBILITY TO DEDUCT ANY BREAKS (IF APPLICABLE)				: :	

**TO BE COMPLETED BY THE CLIENT**  
**TO SAFEGUARD YOUR ORGANISATION PLEASE ENSURE ALL TOTALS ARE COMPLETED AND PLEASE STRIKE OUT ANY EMPTY BOXES**

Company \_\_\_\_\_ Site \_\_\_\_\_

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PO number (if applicable) \_\_\_\_\_ Total hours in words \_\_\_\_\_

Client Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_ Position \_\_\_\_\_