

Name

Category

Week Commencing Monday

Client

Return to:	Stafflex Limited International House, Chapel Hill Huddersfield HD1 3EE
Tel No:	01484 35 10 10
Fax No:	01484 35 10 20



	Basic Hours	Overtime Hours	Comments Holiday Pay request etc.
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
<b>Total Hrs.</b>			
Total of all Hrs.	Figures	Words	

PLEASE EXCLUDE LUNCH BREAKS FROM HOURS WORKED  
PLEASE CONFIRM **TOTAL HOURS** IN WRITING  
**RETURN BY 9 a.m. MONDAY FOR PROMPT PAYMENT OF WAGES**  
White - Stafflex Yellow - Client Blue - Worker

### CLIENT AUTHORISATION

Please be aware that your signature is confirmation of acceptance of our terms and conditions. Terms can be found at [www.stafflex.co.uk/terms](http://www.stafflex.co.uk/terms). I certify that the hours worked are correct as shown and the work performed was done satisfactorily.

Signed \_\_\_\_\_

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

Date \_\_\_\_\_

Designation \_\_\_\_\_

Department \_\_\_\_\_

TIME SHEET No:	WEEK No:
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Presenting this time sheet for authorisation and its subsequent return to Stafflex Ltd., is the responsibility of the worker.