

WEEK ENDING DATE _____

CLIENTS NAME _____

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Somerset BS24 9AX

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fax. 01934 419999

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mail@abatec.co.uk

WORKER

Name _____

Address _____

CLIENT/JOB No.	SAT	SUN	MON		TUES		WED		THUR		FRI		BASIC	OVERTIME		
			O/T	O/T	O/T	O/T	O/T	O/T	O/T	O/T	W/D	SAT		SUN		
TIME SHEETS NOT RECEIVED BY MONDAY, MAY RESULT IN PAYMENT DELAY. THE ABOVE REPRESENTS A RECORD OF HOURS WORKED.												TOTALS				

Signature of Temporary Worker

Name (Please Print)

Date

I hereby certify that the above is a correct record of the hours I have worked for the weeks stated above.

Signature of Client

Name (Please Print)

Position

Date

I hereby certify that the above temporary worker has satisfactorily worked the hours stated and agree that payment will be made at the rates stated in respect of these according to your terms and conditions of business which I have received and accept as the basis of this transaction.