



// T I M E S H E E T

Name	Week Ending Date (SUNDAY DATE)
Limited Company Name (IF APPLICABLE)	

	Start	Finish	Lunch	Total Hours / Days
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Total Hours / Days				

Your Signature	
Client Company Name	
Authorised Client Representative (Print Name)	
Authorised Client Signature	
Date	

Your signature certifies that the above mentioned temporary worker has attended for assignment with you at the stated times and to your satisfaction. You agree to be bound by The Terms and Conditions of the Company. Should the Temp have any queries regarding pay, please telephone 020 3174 0185.

**ALL TIMESHEETS NEED TO BE COMPLETED & RETURNED TO
ACCOUNTS@STUDIOCAREERS.COM BY 5PM ON TUESDAYS**