

No.....

TIME SHEET

WEEK ENDING:	NAME OF TEMP:
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COMPANY:

ADDRESS:

JOB DESCRIPTION:	DEPARTMENT:
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REPORT TO:	HOURS OF WORK:
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HOURS WORKED	START	LUNCH On/Off	FINISH	DAILY TOTAL EXCL. LUNCH	
SATURDAY					
SUNDAY					
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					

Canteen Available: YES/NO	Car Parking: YES/NO	TOTAL
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Travel Instructions:

Anticipated Duration of Booking:

Hours Approved:

Signed Position