TIMESHEET

Client Company ______________________

Site address ______________________

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Project /Site Code ______________________

Weekending Sunday ______________________

Authorised client Signature ______________________

Client Print name ______________________

Position______________________

WE ARE IN POSSESSION OF A COPY OF LINSCO TERMS AND CONDITIONS OF BUSINESS. I CONFIRM THAT THE HOURS WORKED ARE CORRECT, AND WORK DONE IS SATISFACTORY AND WILL BE PAID IN FULL.

THIS TIMESHEET
The top white copy is to be returned to Linsco offices no later than **Monday 5.00pm** the following week. Failure to do so will result in non payment of wages. The client retains the bottom blue copy.

LINSCO recruitment

Price House
37 Stoney Street
Nottingham
NG1 1LS
Tel : 0115 910 6666
Fax: 0115 910 6034

Name	Emp no	Trade	HOURS WORKED – EXCLUDING BREAKS							TOTAL HOURS	OFFICE USE ONLY					
			MON	TUE	WED	THUR	FRI	SAT	SUN		BASIC	OT	OT	PAY	WAGE	INVOICE