



Weekly Employee Timesheet

Please complete and return this timesheet by 12pm the following Tuesday, signed by the clients representative.

Employee Name:

Hourly Rate:

Date	Day	Start	Finish	Breaks	Total Hours
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
	Sunday				
Total Hours Worked:					
Total Pay:					

Client Declaration

I certify that I am an authorised employee of the named client and that the above names temporary worker has attended for assignment with us at the stated times to our satisfaction.

By signing this timesheet I certify that I have read and agree to be bound by the Terms & Conditions of Boomerang funding.

Client Signature:

Print Name:

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