



54 The Broadway
 Loughton
 Essex
 IG10 3ST
 Tel: 0208 508 9555
 Email: info@cwsjobs.co.uk

TIMESHEET

Agency ID

Client ID

Order No

Agency Worker

Timesheet ID

Week Ending

**PLEASE COMPLETE AND RETURN THIS TIMESHEET
 NO LATER THAN 10.00a.m. THE FOLLOWING MONDAY
 SIGNED BY THE CLIENT'S REPRESENTATIVE**

Agency Worker's Name..... Week commencing Monday.....

	START	LUNCH	FINISH	BASIC HOURS	OVERTIME
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					

AGENCY WORKER'S SIGNATURE..... DATE.....	TOTAL HOURS		
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Client:

Address:

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NOTICE TO CLIENTS

We certify that the above-mentioned agency worker has attended for assignment with us at the stated times and to our satisfaction. We agree to be bound by The Terms and Conditions of Complete Workforce Solutions Ltd or any of its subsidiary, associated or holding companies.

Signed..... Print Name

NOTICE TO AGENCY WORKER

Should the Agency Worker have any queries regarding pay, please telephone the Complete Workforce Solutions Ltd payroll department at Complete Workforce Solutions Ltd, 54 The Broadway, Loughton, Essex, IG10 3ST Tel: 0208 508 9555 Fax