

This must be faxed to 01572 820565 or emailed to timesheets@manajobs.co.uk by 2pm on Monday in order to ensure being paid on time

mana resourcing

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 Telephone: 01572 821985 Facsimile: 01572 820565
 Email: timesheets@manajobs.co.uk www.manajobs.co.uk

WEEKLY TIMESHEET

AGENCY WORKER NAME: _____

WEEK ENDING: Sunday ___/___/___

COMPANY WORKING AT: _____

Complete if paid hourly

DAY	DATE	DAY RATE	TIME START	TIME FINISH	TOTAL Hours/Days and Comments
Monday		<input type="checkbox"/>			
Tuesday		<input type="checkbox"/>			
Wednesday		<input type="checkbox"/>			
Thursday		<input type="checkbox"/>			
Friday		<input type="checkbox"/>			
Saturday		<input type="checkbox"/>			
Sunday		<input type="checkbox"/>			
TOTAL HOURS/DAY FOR WEEK =					

The above named worker has worked the hours/days above and we agree to pay your account in accordance with your Terms and Conditions of Business.

Authorised by: _____ Position: _____

Signature: _____ Date: _____

I certify that I have received and read your Terms Of Engagement For Agency Workers (Contract For Services) and that I have carried out the work detailed above.

Agency Worker Signature: _____ Date: _____