

PLEASE FAX TIMESHEETS NO LATER THAN 5PM MONDAY - FAX NUMBER: 051 87 88 27

Employee Name: _____ Employee PPS No: _____ Monday Start Date __/__/__

Company Name: _____ Department/ Site: _____ Sunday End Date __/__/__

Company Address: _____

	Start		Finish		Less Lunch		Standard Hours		Overtime		Paid Holiday Leave		Paid Bank Holiday	
	HH	MM	HH	MM	HH	MM	HH	MM	HH	Rate	HH	MM	HH	MM
MON														
TUES														
WED														
THUR														
FRI														
SAT														
SUN														
Total Hours														

General Comments: _____

Please include any special instructions such as issue P45

P45 (Tick if required)

Authorised Name: _____

(Please print in Block Capitals)

Authorised Signature: _____

By signing this timesheet I authorise Hartley People to pay the employee 'ALL' hours claimed herein, and bill accordingly

Employee Signature: _____