UNIQUE

Employment Services Ltd

MULTIPLE TIMESHEET

Client:	Tel:
Address:	Fax:

Week/Ending Date:

TEMPORARY STAFF NAME	NO. OF HOURS WORKED							TOTAL HOURS	SIGNED BY TEMP
	Sun	Mon	Tue	Wed	Thu	Fri	Sat		

Print Name:	We Confirm that the Total Hours Worked are correct and we will accept your Accounts for the Chargeable Hours at the Agreed Rate
Signature:	
Date:	