



TIME SHEET

Contractor's Name: _____

Client's Name: _____

Position: _____

Site: _____

Date Week Ending: _____

STATE ACTUAL HOURS TO BE PAID, NOT START & FINISH TIMES

	Day Hours	Day O/T	Night Hours	Night O/T
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Total Hours				

I confirm that I have worked all of the hours on the timesheet. Any hours in excess of 48 hours per week have been worked at my own volition.

Employee's Signature: _____

x. _____

We confirm that the work performed is to a satisfactory standard and as such that payment in full will be made for all of the hours recorded on this time sheet in accordance to your Terms of Business that we are in receipt of.

Customer's Signature of Approval: _____

Print Name: _____

x. _____

x. _____

Please have time sheet faxed by Monday morning at 10am.

TEL: 01332 290399
FAX: 01332 290515
Ristara Ltd
73 Wilson Street
Basement Suites
Derby
DE1 1PL