

TIMESHEET (PLEASE COMPLETE IN CAPS)

JOBJAR COPY – RETURN BY 5PM MONDAY

NAME _____ CLIENT NAME _____
 JOB TITLE _____ DEPT. NAME _____
 EMPLOYEE NO. _____ ADDRESS _____
 WEEK BEGINNING _____



Email: enquiries@jobjar.co.uk
 Phone: +44121 288 2839
 Fax: +44121 468 0034

DAY	DATE	START TIME	FINISH TIME	BREAK	TOTAL HOURS WORKED	SIGNATURE OF SHIFT LEADER
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						
TOTAL						

<p>To be completed by the employee.</p> <p>I hereby declare the above hours were worked by me on the said days.</p> <p>Signature _____ Date _____</p> <p>Print Name _____ Position _____</p> <p>FAX THIS TIMESHEET TO +44121 468 0034 BY 5PM MONDAY AND GIVE A COPY TO YOUR MANAGER</p>	<p>Comments _____</p> <p>_____</p> <p>_____</p> <p>_____ (SIGN HERE) _____ (DATE)</p> <p style="text-align: center;">AUTHORISATION SIGNATURE</p> <p style="text-align: center;">THIS TIMESHEET CAN ONLY BE PROCESSED WITH THIS AUTHORISED SIGNATURE</p>
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