



Time sheet

W/C (DD/MM/YY) _____

Once complete for the week, please take the top copy of the time sheet to your local Randstad office no later than 9am on Monday morning

Name _____ Worker no. _____
Client name _____
Reporting to _____

Hours worked

Certificate of hours worked (client: please initial alterations to times or hours)

Please ensure that hours are recorded accurately and clearly identify hours worked on Assignment, rest periods, periods of holiday and other permitted absences. Final totals should be rounded to the nearest 15 minutes and entered in decimal (e.g. 38.25 instead of 38 1/4).

Table with 7 columns: Day, Date, Start, Break, Finish, Total excl. breaks, Bonus/Commission. Rows for Mon, Tues, Wed, Thur, Fri, Sat, Sun.

I certify that the total number of hours have been satisfactorily worked and that the payment in respect of these will be made according to your Terms and Conditions of Business.

Total hours _____
Standard hours _____
Overtime hours _____

P/O number if necessary _____

Client signature _____

Date _____

Print _____

Position _____

Flex-associate services are governed by Randstad's standard terms and conditions of business, a copy of which has been sent to you prior to the commencement of the assignment and can also be found at www.randstadstaffing.co.uk/terms

Flex-associate signature _____ Date _____