



NEW DIRECTIONS

(RECRUITMENT) LIMITED



Commercial
Tel: 029 2039 0150

Education
Tel: 029 2039 0133

FAX NO: 02920 390134
BEFORE 10am MONDAYS

TIMESHEET/ RECORD OF HOURS

Applicant Name:	
Week Commencing:	

PLACE OF WORK

<i>CLIENT DETAILS</i> Company Name:	
Address:	
Contact Name:	Contact Tel No:

HOURS WORKED A *signed* timesheet must be received no later than 10am on Monday or payment will be delayed.

	TIME STARTED	REST/LUNCH PERIOD/S	TIME FINISHED	STANDARD HOURS	OVERTIME HOURS
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
Saturday					
Sunday					
	WEEKLY TOTALS:				

I confirm that the above total number of hours has been satisfactorily worked and payments in respect of these hours will be made in accordance with your Terms of Business and that I am authorised to sign on behalf of the above named client.

NAME (in blocks): _____ Date: _____

Signature: _____ Position: _____