



TIMESHEET

Timesheet No:

Week Ending:

Temp Ref:

Report to:

Name:		Organisation:
Address:		

Position:

	Start Time	Finish Time	Lunch Taken	Hours
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
			Total Hours:	

Temp Signature:..... Date:.....

Employer Signature:..... Date:.....

Print Name:..... Position:.....

If you are leaving 2nd City Resourcing's employment and require a P45 please circle

YES

Please fax your timesheet to **0121 633 0527**.

(Please ensure your timesheet has been faxed back by **4pm, the following Monday**)