



TIMESHEET

Send us your Timesheet latest by **MONDAY, 12PM*** at agencyworkers@hollilander.com

Full Name:	
Place of Work:	
Position:	
Address:	
Contact Info:	

- Authorised client confirms:
1. On agreement with Hollilander agency terms and conditions
 2. The Claimed hours are correct

Client Signature and date:

FILL IN YOUR TIMESHEET- ONE SHEET TO BE COMPLETED PER CLIENT

	Date (DD/MM/YY)	Start Time (e.g. 09:00)	Finish Time (e.g. 21:00)	Break Taken**	Actual Hours Worked	Signed by Person in Charge (PIC)	Name of the PIC
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
SUNDAY							

TOTAL HOURS WORKED

PLEASE USE A 24 HOUR CLOCK TO ENTER TIME

I declare that the information on the timesheet is true and has been verified and signed by the employer. Should any dispute arise regarding claimed hours, you will be held liable to repay any overstated amount, unless the timesheet is signed and authorised by client.

Candidate Signature and Date:

*The payment date will be the Friday following the submission of the timesheet. E.g.- Timesheet submitted Monday 1st and payment made Friday 5th

**It is assumed that a break of 60 mins per 10-hour shift is taken. Please enter your actual break time in 'Break Taken' column. If the break taken is shorter than 60 mins, the client's signature is required to authorise that break.