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Week Ending: _____

Company Name:	
Site Address:	

Temp Name:	
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Day	Registration No.	Category (LGV)	P.O.A.	Start Time	Finish Time	Less Breaks	Total
SUNDAY							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
SATURDAY							
						TOTAL HOURS	

Comments/Other:

ORDER NUMBER: _____

CLIENT'S SIGNATURE: _____

PRINT NAME: _____ POSITION: _____

THE SIGNATURE AUTHORIZING THIS TIME SHEET IS TAKEN AS ACCEPTANCE OF HOURS WORKED AND THE WORK HAS BEEN CARRIED OUT IN A SATISFACTORY MANNER. ALL REST/BREAK PERIODS HAVE BEEN DEDUCTED WHERE NECESSARY TO INVOICE FOR THESE HOURS.

THE TEMPORARY WORKER WILL ONLY BE PAID ON THE BASIS OF SIGNED TIME SHEET.

THE OPERATIVE AGREES TO ACCEPT WORK ON THIS CONTRACT AT AN HOURLY PAID RATE FOR A PERIOD REQUIRED BY THE CONTRACTOR ON A TEMPORARY BASIS.

TOP COPY FOR CLIENT RETENTION, BOTTOM COPY FOR DRIVEN RECRUITMENT LTD. OFFICE.

ALL TIMESHEETS MUST BE RETURNED BY NO LATER THAN 9AM MONDAY FOLLOWING THE WEEK WORKED. (IN ORDER TO BE PAID WITHIN THAT WEEK).