

## Time Sheet

### Client details

Client/organisation.....

Place of work.....

Address.....

Week ending date (Sunday).....

### Staff details

Staff Name.....

Position.....

Payroll no.....

Local Branch.....

Day	Standard hours		Waking nights	Sleep in						
	From	To	Break	Total hours	From	To	Break	Total hours	From	To
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										
Total hours worked					Total hours worked				Total sleep in	

### To Be Completed By Client/organisation

I certify that the details given above are correct and agree to abide by People's Choice Uk Ltd, and I will accept a valid invoice based on the hours as stated in the Total Hours Worked section.

### To Be Completed By Staff

I confirm that i have worked the hours claimed above

Signed/Date.....

Signed/Date.....

Print Name.....

Print Name.....

Position Held.....

Position.....

Please note – staff time sheets to be faxed over to the office on 08448546943 by 11am every Monday for payment on Friday unless otherwise stated.