

Client Name and Address:

Reporting to:

Agency Worker

DATE							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
START TIME							
FINISH TIME							
DEDUCT BREAKS							
= HOURS							
ADDITIONAL INFORMATION:							

Clients Authorisation

I certify that the above hours have been worked to my satisfaction and that your Terms and Conditions of Business are acceptable as a basis for this contract

Authorised Signatory: _____

Print name: _____

Position: _____

Date: _____

PLEASE RETAIN A COPY OF THIS FOR YOUR RECORDS

NORMAL HOURS

OVERTIME HOURS

TOTAL HOURS