

**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 AuthorisationNORMAL HOURSI 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 contractNORMAL HOURS							
Authorised Signatory: OVERTIME HOURS							
Print name:							
Position: TOTAL HOURS							
Date:							

## PLEASE RETAIN A COPY OF THIS FOR YOUR RECORDS

121 Ock Street, Abingdon, OX14 5DL
33 St Ebbes Street, Oxford, OX1 1PU
14 Market Square, Bicester, OX26 6AD
19A High Street, Witney, OX28 6LW

 Tel 01235 535858
 Fax 01235 526243

 Tel 01865 790100
 Fax 01865 790631

 Tel 01869 321322
 Fax 01869 249455

 Tel 01993 709988
 Fax 01993 709702

For all our latest vacancies see <u>www.paterson-recruitment.co.uk</u> or go to

