


WRITE IN CAPITAL LETTERS		Week - Starting: <input type="text"/>	
Name of Client:	<input type="text"/>		
Invoice Address:	<input type="text"/>		
Telephone No:	<input type="text"/>		
First Name of Contractor:	<input type="text"/>	Surname of Contractor:	<input type="text"/>
Position:	<input type="text"/>		

Esynergy Weekly Timesheet

We certify that the total hours worked are correct and will accept your account for the chargeable hours shown below. We agree to your terms and conditions of business and accept that your normal introduction fee will be payable should the above named contractor enter employment with us.

All details must be completed and an authorised employee of the client company must sign the certificate and initial any alterations before payment of salary is requested.

	Start	Finish	Total Hours	Break Periods	Hours Worked (nearest quarter)	
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

Total Hours Worked:	<input type="text"/>		<input type="text"/>	Hours at standard time
Total Overtime Hours:	<input type="text"/>		<input type="text"/>	Hours at OT 1
			<input type="text"/>	Hours at OT 2
Authorised Signatory: (Signature)	<input type="text"/>	Authorised Signatory: (Printed Name)	<input type="text"/>	
Contractor's Signature:	<input type="text"/>	Position:	<input type="text"/>	

NB THIS TIMESHEET MUST BE COMPLETED AND RETURNED PROMPTLY