

Assignment Start Date: _____ **Week Ending Date:** _____

Temporary Worker: _____ **Category/Dept:** _____

Important: To ensure prompt payment this timesheet must be faxed, posted or handed in to Jane Dewhurst Limited by 9.00am each Monday.

Fax Number: 01923 896364

	SAT	SUN	MON	TUE	WED	THURS	FRI
START							
FINISH							
LUNCH							
TOTAL							
					TOTAL		

I as authorised signatory of the Client agree to the Jane Dewhurst Limited Terms of Business for the Supply of Temporary Staff Services and confirm that the hours shown above are correct. I am aware that the engagement of a Temporary Worker introduced by Jane Dewhurst Ltd. renders the Client liable to an introduction fee, transfer fee or extended period of hire as set out in the Employment Agency Regulations Act 2003

Authorised Client Signature: _____

Print Name: _____

Position: _____

Purchase Order Number _____

Temporary Worker's Signature _____

I agree to the above hours and the Temporary Workers Terms of Engagement as issued to me on registration with Jane Dewhurst Ltd and r agree to the Client responsibility as stated above.