

WEEKLY TIMESHEET

OPERATIVE:	WEEK ENDING DATE:
OPERATIVE SERVICES / POSTION:	CLIENT:
INTERMEDIARY COMPANY:	SITE:
EMAIL TO: timesheets@ohuk-ltd.com FAX TO: 01959 580 960	CLIENT REPRESENTATIVE:

DATE	DAY	TIME IN	TIME OUT	BREAKS	TOTAL	COMMENTS
	MONDAY					
	TUESDAY					
	WEDNESDAY					
	THURSDAY					
	FRIDAY					
	SATURDAY					
	SUNDAY					
TOTAL HOURS WORKED						

OPERATIVE SIGNATURE:

AUTHORISED SIGNATURE (CLIENT)

 I confirm that I have worked the hours stated on this
 Timesheet

PRINT NAME (CLIENT)

 I certify that the Operative worked the hours shown on this timesheet
 that we are satisfied with the Services which were provided during this
 period and acknowledge that the supply of the Operative by OHUK is
 subject to their Terms and Conditions for the Introduction & Supply of
 Temporary Workers

Please ensure when sending us a copy of your timesheet all fields have been completed, the entire timesheet is clearly visible and readable. This includes the paragraph under the Authorised Signature. Thank you.