

Timesheets must be faxed to us with both signatures no later than 6pm each Friday.

Company Name: _____

Temporary Employee: _____

Week Ending: _____

Enter times to the nearest ¼ hr. (e.g. 8:15, 8:30, 8:45)

Enter total hrs. in unit hr. (e.g. 8.5 hr not 8hrs 30min)

					OFFICE USE ONLY		
	Time Started	Time Finished	Less Lunch	Total Hours Worked	Ord Time	Time + half	Double Time
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
Total hours worked							

Temp Signature: _____

Company Signature : _____ Position: _____

By signing this timesheet, I authorise Lex Consultancy to pay the above temp and invoice accordingly

POINTS TEMPS NEED TO NOTE:

- Please ensure that we have your P45 and/or Tax Cert. If not, you will be put on emergency tax
- You are responsible for making sure we have your bank details so there are no payment delays
- Please let us know if you change address to ensure you receive your payslips
- It is your responsibility to return your timesheet to us. **FAILURE TO DO SO WILL RESULT IN NON-PAYMENT**