

Cusacks Limited

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Email: mail@Cusacks.org.uk

**PLEASE COMPLETE AND RETURN THIS TIMESHEET
NO LATER THAN 10.00 a.m. THE FOLLOWING MONDAY
SIGNED BY THE CLIENTS REPRESENTATIVE.**

Temps Name ... Week commencing Monday

	START	LUNCH	FINNISH	Basic Hours	Overtime
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					
TEMP'S SIGNATURE.....	TOTAL HOURS				
DATE.....					

Client... ..

Address... ..

SITE

NOTICE TO CLIENTS

We certify that the above-mentioned temporary worker has attended for assignment with us at the stated times and To our satisfaction. We agree to be bound by the Terms and Conditions of the Company..

Signed.....Print Name.....

Position.....

IMPORTANT INFORMATION

Please retain a copy of timesheet for your own record