

TIMESHEET COMPLETION INSTRUCTIONS

To ensure you are paid correctly, and on time, please observe the following instructions.



Software Placements

Contractor Name: _____ Job Title: _____

Client Name: _____

Supervisor: _____ Title: _____

Week Ending: _____ Final Week _____

Day	Start Time	Finish Time	Lunch	Total Normal Hours	Total Overtime	
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

Signed by Supervisor: _____

PLEASE ENSURE ALL TIME SHEETS ARE FAXED TO THIS OFFICE BY NO LATER THAN 12 NOON ON THE MONDAY AFTER EACH MONTH'S WORK. FAX NO: 01- 479 4546

If this is your last week in your current job, please tick the " YES" box beside the line "Final Week?", at the top of your actual timesheet.

Please use the timesheet supplied to you with the correct week ending date for the week you have just worked. Please amend the week ending date if it is incorrect.

The Contractor Worker and the Authorising Client must sign the timesheet. If the timesheet is not signed it will be sent back to the Contractor Worker.