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TEMPORARY TIMESHEET

Temporary Staff Name:.....

Client Name (where temping).....

Please enter your time using 24 hour clock e.g. 13:30. Payment of wages will be rounded down to the nearest 15 minute interval, eg if you work 7:10 you will be paid for 7:00 hours. **If absent from an assignment please include a narrative ie Bank holiday / sickness / unpaid leave (approved) on your timesheet.**

DAY	DATE	START	LUNCH		FINISH	Total Hours	Overtime
			Start Lunch	End Lunch			
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
SUNDAY							
<i>Temporary employees are not paid for coffee, cigarette or lunch breaks:</i>							

TOTAL HOURS WORKED (In words):

STATEMENT (to be signed by the Employer)

WE HEREBY CERTIFY THAT THE ABOVE HOURS HAVE BEEN WORKED TO OUR SATISFACTION. WE AGREE TO YOUR TERMS AND CONDITIONS OF BUSINESS AND ACCEPT THAT YOUR NORMAL INTRODUCTION FEE WILL BE PAYABLE SHOULD THE ABOVE NAMED ENTER OUR EMPLOYMENT OR AN ASSOCIATED COMPANY / THIRD PARTY, WHETHER ON A TEMPORARY, CONTRACT OR PERMANENT BASIS WITHIN SIX MONTHS OF THE TERMINATION OF THIS ASSIGNMENT.

NAME (Please print): _____ SIGNATURE: _____

POSITION: _____ DATE: _____

Completed and authorised timesheets are to be received at our offices by 9am on Monday (or your last working day), either by hand, fax 88 88 63 or email to toni@select.je.