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Derby Timesheet

Please use black pen and capital letters where possible.

Name of Worker _____

Job Title _____

Name of Organisation* _____

Organisation's Address _____

Name of Supervisor* _____

DAY	DATE	START TIME	FINISHING TIME	LUNCH BREAK	SLEEP IN	TOTAL HOURS	EMPLOYER'S SIGNATURE & Date *
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
SUNDAY							

Total hours worked for this week _____

*We certify that the hours worked are correct and we expect to be charged for the above mentioned hours at agreed rates.

Employee: _____

Signature: _____

By signing this timesheet you are bound by Axis recruitment Ltd terms of Business