



HAMLIN KNIGHT

THE RECRUITMENT SPECIALISTS

TIME SHEET

WEEK COMMENCING:

TIME SHEET NUMBER:

CLIENT NAME:

PURCHASE ORDER NUMBER:

CANDIDATE NAME:

NATURE OF ASSIGNMENT:

REPORTING TO:

DEPARTMENT:

WORK ADDRESS:

INVOICE ADDRESS: (if different from work address)

HOURS WORKED

	START	FINISH	TOTAL	LESS BREAKS	TOTAL HOURS
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					
TOTAL STANDARD HOURS WORKED					
TOTAL OVERTIME HOURS WORKED					

O/T 1 (Tx 1/2)

O/T 2 (Tx 2)

O/T 3 (please specify)

I certify that the TOTAL hours have been satisfactorily worked and that payment will be made according to your terms of business

SIGNATURE: PRINT NAME: DATE:

For Hamlin Knight Use Only

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