



TIMESHEET
ANN PETTENGELL LTD
ST JOHN'S INNOVATION CENTRE
COWLEY ROAD
CAMBRIDGE
CB4 0WS

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Website: www.annpettengell.co.uk

Invoice Address:	Temporary Worker:
	Week Ending Date:
Contact:	Assignment Start Date:
Job Reference:	Registration Number:
Hours of Work:	Position:
PO Number:	AP Consultant:

SUMMARY OF HOURS WORKED (TO BE COMPLETED BY THE CLIENT USING ¼ HOUR FORMAT).

DAY	TIME STARTED	TIME FINISHED	TIME TAKEN FOR MEALS	OVERTIME HOURS	TOTAL HOURS
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					
				TOTAL HOURS	

THE HIRE OF A MEMBER OF ANN PETTENGELL'S TEMPORARY STAFF SHALL BE DEEMED TO BE IN ACCEPTANCE OF ANN PETTENGELL'S TERMS AND CONDITIONS OF CONTRACT WHICH I/WE HAVE RECEIVED AND ACCEPTED AS THE BASIS OF THIS TRANSACTION AND THAT PAYMENT WILL BE MADE ACCORDING TO THE NUMBER OF HOURS WORKED.

CLIENT SIGNATURE: _____ DATE: _____

Please photocopy a copy for your own file as well as providing a copy for the client.
 Please remember to add in 'week ending date', which is Sunday's date at the end of each working week.