



Email: accounts@gstarresources.co.uk
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TIMESHEET

PLEASE NOTE TIMESHEETS MUST BE RECEIVED BY 10AM ON MONDAY TO ENSURE PAYMENTS. LATE TIMESHEETS WILL BE PROCESSED THE FOLLOWING WEEK

Week Ending Sunday _____/_____/_____

EMPLOYEES NAME:	CLIENT:
JOB TITLE:	ADDRESS:

SHIFT WORKED

DAY	DATE	START	FINISH	DAY	NIGHT	BANK HOLIDAY	REMARKS
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
SUNDAY							

Employees Signature: Total Hours

TO BE COMPLETED BY CLIENT

I certify that the above hours worked by the Agency worker are correct and accept the terms and condition of TEQ healthcare services limited. (a copy is available on request) and should be invoiced accordingly.

Authorised by: Position:

Signature: Date:

Hours worked and Authorised: Minutes:

WHITE COPY: OFFICE

BLUE COPY: AGENCY

PINK COPY: WORKER