

Worker Name:	
Week Ending date:	
Client name:	

Client / Job No.	SAT	SUN	Monday		Tuesday		Wednesday		Thursday		Friday		Total hours				
			Basic hours	OT	Basic hours	OT	Basic hours	OT	Basic hours	OT	Basic hours	OT	BASIC	W/D OT	Sat OT	Sun OT	
												Totals					

Signature of Temporary worker	
Name	
Date	
<i>I hereby certify that the above is a correct record of the hours I have worked for the weeks stated above.</i>	

Signature of client	
Name	
Position	
Date	
<i>I hereby certify that the above temporary worker has satisfactorily worked the hours stated and agree that payment will be made at the rates stated in respect of these according to your terms and conditions of business which I have received and accept as the basis of this transaction.</i>	