

Temp's Name.....

Tel: 01372 465 833
Fax: 01372 465 802
E-Mail: admin@limesocialcare.co.uk

Week Comm. Monday.....

PLEASE COMPLETE AND RETURN NO LATER THAN 10am THE FOLLOWING MONDAY.
TIMESHEET IS NOT VALID UNLESS SIGNED BY CLIENT REPRESENTATIVE.

	START	LUNCH	FINISH	BASIC HOURS	SLEEP-OVERS
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					
TEMP'S SIGNATURE:			TOTAL HOURS		
DATE:					

Client:.....

Address:.....

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NOTICE TO CLIENTS

We certify that the above-mentioned temporary worker has attended for assignment with us at the stated times and to our satisfaction. We agree to be bound by The Terms and Conditions of the Company.

Signed Print Name

NOTICE TO TEMPORARY WORKER

Should the Temporary Worker have any queries regarding pay, please telephone the PayFlow Payroll Department at: PayFlow Ltd Southampton Basepoint, Anderson's Road, Southampton, SO14 5FE T: 02380 682439 F: 0845 366 9330.