



Temporary Worker Timesheet

For office use:
Place barcode label here.

Candidate Details				
Candidate Name:				
Contact Number:				
Week Commencing:				
Company Details				
Company Name:				
Timesheet				
Date	Start Time	Finish Time	Lunch Breaks	Total
Total Hours				

Client Declaration

I confirm that the total hours worked are correct and agree that this assignment and any future assignments will be subject to Wild Associates' Terms of Business which are available on www.wildberryassociates.com.

Signed by line manager: _____ Print Name: _____ Date: _____

Please email your completed timesheet, signed by your line manager to **CCharlesworth@WildBerryAssociates.com**

If you are unable to send your signed timesheet to us by Friday 12pm, please contact us on 0203 906 8800 as soon as possible.

If you are an ad-hoc temp and would like to be considered for temp work next week please indicate below the days you are available. **Week Commencing:**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday