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EMPLOYEE TIMESHEET

CLIENT			LOCATION	
Operators Name			Machine Type	
Week Ending				
DAY	START TIME	FINISH TIME	DEDUCT BREAK	TOTAL HOURS WORKED
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				
SUNDAY				
TOTAL				

I certify that the above is a correct record of the hours worked by the temporary worker and understand that these hours will be used to calculate charges to the client. **Minimum charge of 8 hours in any one day except weekends.** I also accept the Flaminia terms and conditions for the introduction of the temporary worker.

Operators Signature:	
Client Signature:	
Print Name:	
Position in Company:	

Registered Office
 FLAMINIA LTD
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