TIMESHEET	WEEK ENDING /	/
EMPLOYEE'S NAME	'	JOB TITLE
COMPANY NAME & ADDRESS		
REPORT TO	BRS BRANCH	



NOTICE TO CLIENT

Please check details carefully as you will be invoiced for the total number of hours you have signed for.

Retain one copy for your records and return a copy to BRS Personnel.

N.B. If you engage the temporary worker on a direct basis a fee is payable. Please refer to our terms of business.

	Date	Start time	Lunch from	Lunch to	Finish time	Total hours worked
Saturday						
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
					Total:	
Total hours confirm	ned by:			Signature:		
Position in compan	ıy:					

Croydon office Dartford office Docklands office

Email: croydon@brspersonnel.co.uk Email: dartford@brspersonnel.co.uk Email: docklands@brspersonnel.co.uk