G T O S A L T A L E N T C O N N E C T	Weekly timesheet
EMPLOYEE:	
SUPERVISOR:	

DATE	Start time	Finish time	Regular hrs	Overtime	Breaks	Sick	Vacation	Holiday	Other hrs	TOTAL HOURS
TOTAL H										
EMPLOYEE SIGNATURE		DATE					TOTAL HOURS			
SUPERVISOR SIGNA	TURE			DATE						

Timesheets must be fully completed by the worker and authorised by the appropriate member of the client staff.

Make 3 copies of this timesheet, one for you, one for the client and another one to be sent to the office.

Ensure the timesheet is returned by Wednesday every week as a deadline

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WEEK FROM: REGULAR HRS