

SINCLAIR

C O N S U L T I N G

Temporary's name -
 Company name -
 Supervisor -
 Company address -
 Client Phone# -
 Company Fax# -

	DATE	START	LUNCH	FINISH	TOTAL
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					
Total Hours Worked					

Authorisation required:

.....
Temporary's Signature

 / / 2012

Date

.....
Supervisor's Signature

 / / 2012

Date

NB# Should you, the client directly or indirectly employ a Sinclair Consulting temporary staff, assigned currently or in the previous six months a permanent placement fee is payable. Any days not worked by the temporary staff must be crossed out. Approval includes verification of hours worked. Unless varied by agreement between client & Sinclair Consulting Group, client approval also includes acceptance of Terms and Conditions of business.

TEMPS
To ensure next week payment, time sheets <u>must</u> be received by no later than 4.00pm Friday Afternoon.

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