



TEMPORARY WORKER : TIME SHEET

Week ending:

Name of Client
Company:

Location:

Name of Contractor:

Position:

TEMPORARY WORKER AGREEMENT

I hereby certify that the hours shown were worked by me on this assignment. I also agree to treat all work performed on this assignment as strictly confidential. If I should be offered work either of a contract, temporary or permanent nature by the above named client, I will notify Balance Partnership before accepting.

No payment will be made unless this timesheet is signed by the client.

DAY OF WEEK	AM START	AM FINISH	HOURS AM	PM START	PM FINISH	HOURS PM	TOTAL NO. HOURS/DAYS
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

TOTAL HOURS

Signature of Temporary Worker: _____

CLIENT AGREEMENT

The Client hereby accepts the offer of Balance Partnership to provide the services of the Temporary Worker upon and subject to the Terms of Business of Balance Partnership. The Client acknowledges that it has read and understood the Terms of Business prior to entry into this agreement.

NOTE: If the Client offers the Temporary Worker a permanent or fixed term contract of employment, Balance Partnership will be entitled to charge a fee subject to our Terms of Business.

Name of Client (please print): _____

Position held within company: _____

Signature of Client: _____

To ensure prompt payment, correctly authorised time sheets are required by 11am every Monday.

Please either scan and email to timesheets@balancerecruitment.com or fax it on 020 7072 0947. We prefer timesheets not to be posted as you are then reliant on Royal Mail delivering and we cannot guarantee that you will be paid on time if not received before our deadline.