



PO Box 10062 Shirley Solihull B90 9WH

T: 0044 870 770 5228 Mob: 0044 7977 252 308 [helen@artimis.co.uk](mailto:helen@artimis.co.uk) [www.artimis.co.uk](http://www.artimis.co.uk)

Clients Name	Address
--------------	---------

Temp Name	Type of Work	
	Assignment Number	Week Ending Date

Notes

**TO EMPLOYEE** – use nearest Quarter Hour (DO NOT INCLUDE LUNCH BREAK)

Date Worked	Basic Hours	Overtime Hours	<p align="center"><b>NOTICE TO TEMPORARY</b></p> <p>It is most important that all details are inserted on this timesheet UPON COMPLETION of the week's work and that it is checked and signed by you. It must then be signed where indicated by an authorised person on behalf of the client. This signed timesheet must be returned to the agency by 9am on MONDAY or we cannot guarantee your wages will be paid on time.</p>
Monday / /			
Tuesday / /			
Wednesday / /			
Thursday / /			
Friday / /			
Saturday / /			
Sunday / /			
<b>Total Hours Worked this Week</b>			

**FOR TEMPORARY STAFF:** I hereby certify that the above is a correct record of the hours I have worked and that I accept the conditions of work supplied to me.

**SIGNATURE**

**DATE**

**FOR CLIENT:** I hereby certify that the total hours worked as shown above are a correct record of the hours worked by the temporary worker and I accept the terms and conditions for the introduction of temporary staff as per our contract.

**AUTHORISED SIGNATURE**

**DATE**

**INSTRUCTION TO TEMP**

RETURN TO ARTIMIS BY 9AM MONDAY