



WALKER HAMILL

Weekly Timesheet

Name		Week Ending (Sat)	
Client		Phone No. (Work)	
Cost Centre (if applicable)			

	Start time	Finish time	Lunch	Worked hours/days	Time and a half	Double Time
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Totals						

Amount in Words _____

Contractor's Signature _____

IF THIS IS THE LAST WEEK OF YOUR ASSIGNMENT AND YOU REQUIRE A P45, PLEASE TICK THIS BOX

Authorisation

We certify that the **total hours or days** shown are correct and will accept your account for the chargeable hours shown. We agree to your terms and conditions of business and accept your normal scale of permanent introduction fee will be payable should the above named temporary worker enter permanent employment with us.

Line Manager's Signature _____

Print Name _____

Position _____

Date _____

After completion please scan and email to payroll@walkerhamill.com by 12 noon Tuesday for payroll cut-off