



WEEKLY TIMESHEET

PLEASE COMPLETE, PRINT AND FAX TO 0845 459 0582 OR EMAIL TO
PAYROLL@THECHANGEGROUP.COM

Timesheets received after the **MONDAY 11 am** deadline will not be processed until the following week

FOR WEEK ENDING:

YOUR NAME:

YOUR POSITION:

YOUR LINE MANAGER'S NAME:

COMPANY NAME AT WHICH YOU ARE WORKING:

ADDRESS OF COMPANY:

PO NUMBER/COST CODE (IF APPLICABLE)

DAY	DATE (dd/mm/yy)	START TIME	FINISH TIME	BREAK (HOURS)	TOTAL STANDARD HOURS	OVERTIME (x 1.5)	OVERTIME (x2)	TOTAL HOURS WORKED
MON								
TUE								
WED								
THU								
FRI								
SAT								
SUN								
TOTAL								

Please check the totals before signing.

I hereby certify that the above is a correct record of the hours I have worked for the week stated above I/We confirm that hours given are correct. The standard of work was satisfactory and we accept a charge for these hours. I/We agree to pay Easypay Services Plc in respect of the hours given within the payment terms agreed by both parties. I/We confirm that Change terms and conditions are the sole terms of this contract.	SIGNATURE OF TEMPORARY WORKER:		DATE:	
	AUTHORISED CLIENT SIGNATORY:		DATE:	
	PLEASE PRINT NAME:			
	TITLE:			