



Candidate Name: _____

Company Name: _____

Site Address: _____

Week Ending: ____ / ____ / ____

PLEASE SEND CLEAR COPIES OF TIMESHEET TO:

EMAIL: info@ea-associates.co.uk

WHATSAPP: 07773 687439 / 07791 233275

**** Timesheets to be signed and returned no later than 5pm the following Monday to guarantee payment by Friday ****

	Start Time	Finish Time	Total Shifts
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Candidate Signature: _____	TOTAL		
Date: _____			

CLIENT DISCLAIMER:

I certify that the total hours above are a correct record for the Temporary Worker, who has attended employment with us to our satisfaction, and that breaks have already been deducted. By signing, I confirm that I am authorised to sign this timesheet by the client, agree to be legally bound by the Eldridge Andrews Associates Limited terms of business and agree to pay all invoices associated with this timesheet in full, within agreed payment terms.

Client Signature: _____

Print Name: _____

Date: ____ / ____ / ____