



Candidate Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Week Ending: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PLEASE SEND CLEAR COPIES OF TIMESHEET TO:

EMAIL: [info@ea-associates.co.uk](mailto: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	Basic Hours (less breaks)	Overtime Hours (less breaks)	Total Hours
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Candidate Signature: _____ Date: _____				<b>TOTAL</b>	

**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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_