



## TIME SHEET

EMPLOYEE NAME:	JOB TITLE:
ADDRESS/LOCATION WORKED:	DEPARTMENT:

DAY	DATE	HOURS WORKED		MEAL BREAKS	TOTAL HOURS	FOR CLIENT USE ONLY	
		START	FINISH			PRINT NAME	AUTHORISED SIGNATURE
MON							
TUES							
WED							
THUR							
FRI							
SAT							
SUN							
<b>TOTAL HOURS WORKED FOR THE WEEK :</b>							

In the event of a query regarding the time sheet, please contact Avidity Linx Recruitment on below contacts.

- T: 02036090110 / 02031760568
- F: 02036958686
- Email - [accounts@aviditylinx.com](mailto:accounts@aviditylinx.com)

FOR OFFICE USE ONLY		
HOURS	PAYRATE	CHARGE RATE