TIMESHEET - for all staff

CC Number

Discipline

Please see notes on reverse

Initial: **J**

Last Name: **L A W R E N C E**

Staff Number

If Agency/Other, please tick: X

Please tick if this is a continuation sheet

Week ending date (Sunday): **0 4 1 3 0 8** (in format ddmmyy unless in USA where format is mmddyy)

Job Number	Suffix	Phs/Wkstage	Hours in week	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Job Description / Comments
Standard week				Standard hours each day							
0 7 3 7 8 9	**0 1**		**1 6 0**	8.00	8.00						BE Gereral Admin
Total standard hours			**1 6 0**	8.00	8.00						
Overtime to be recorded *NOT for Agency and Other Staff*				Overtime hours each day							
			0 8 0	4.0	4.0						
Total overtime to recorded			**0 8 0**	4.0	4.0						
TOTAL HOURS RECORDED			**2 4 0**	12.0	12.0						

Invoicing organisation:

Invoice number:

Signed by - *Agency or Other Staff:*

Approved by - *Authorised signatory:*

Invoice rate per hour

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