

CHRISTOPHER'S PERSONNEL LTD

Professional Recruiting of Catering Staff



WEEK NO. _____

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Email. office@christopherspersonnel.co.uk
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REPORT TO: _____

COMPANY NAME: _____

Address: _____

Tel. No: _____

Nearest  _____

NAME OF TEMPORARY WORKER: _____

Temporary Position: _____

Week Ending: _____

SUMMARY OF HOURS WORKED : TO BE COMPLETED BY CLIENT
- Please initial alteration to time or hours.

	AM		PM		TOTAL
	START	FINISH	START	FINISH	
MON					
TUE					
WED					
THU					
FRI					
SAT					
SUN					
Total Hours Worked (Excluding BREAK Times)					
I Certify that a total of					

HOURS HAVE BEEN SATISFACTORILY WORKED AND THAT PAYMENT WILL BE MADE IN RESPECT OF THESE ACCORDING TO YOUR TERMS AND CONDITIONS OF BUSINESS WHICH I HAVE RECEIVED AND ACCEPT AS THE BASIS OF THIS TRANSACTION. HOURS SHALL BE CALCULATED TO NEAREST 1/4 HOUR.

SIGNATURE: _____	PRINT NAME: _____
POSITION: _____	DATE: _____

THE CLIENT IS REQUESTED TO RETAIN THE BOTTOM
(Yellow) COPY ONLY. TOP (White) COPY: OFFICE.

VAT No. 628 1587 21
Company Reg. No. 317 8513