

CONTRACTOR NAME

TITLE

CLIENT NAME

MANAGER

WEEK ENDING

DATE

START TIME

END TIME

DAYS

WEEKLY TOTAL

CONTRACTOR

Please note that a fully completed timesheet should be returned no later than 13:00 on Monday following the week of work by email: timesheet@partnerfinancial.co.uk

CONTRACTOR SIGNATURE

DATE

MANAGER

I confirm that the above named candidate has worked the hours stated and I am satisfied with the standard of work carried out. I confirm that I have retained a copy for our company records.

MANAGER SIGNATURE

DATE

All timesheets are subject to our standard Terms and Conditions