

lient: _	ONE CLIENT PER TIMESHEET							Email: timesheets@24-7staffing.o	
Date	Day Mon .		Start Time	Finish Time	Rreaks	Total Shift Time	Role	Location	Client Declaration Sign & Print below.
	Tue	-							
	Wed	_							
	Thurs								
	Fri	-							
	Sat	_							
	Sun all h & Mon After Slo	AM							
	Total (For offi use)	ce							
Day	DR	NR	Sleep	Office Use SAT	E Use Only AT SUN WE (N) BH			Daily Expenses (Mileage or Bus/Train Ticket) – Please write the amount and attach tickets to the	
Mon			in					time sheet.	
IVIOII								Mon:	
Tue								Tue:	
Wed								Wed:	
Thurs									
Fri									
Sat									
Sun								Sun:	
Total								Total Expenses (For	Office Use Only):
Worker D I declare I I declare I I will noti undertake	I have not ify the em	urately ro been en aploymer this wee Sig	ecorded my t gaged in any nt business in k for other en nature:	ime in this ti work other t mmediately o mployers or o	mesheet. than for 24-7 to of any other pemployment be	Staffing Limited d periods of work t pusiness so that 2 Date:	uring this we that constitu 4-7 Staffing	ites Working Time as defined	d under the Working Time Regul e records of my Weekly Working

Working Time.

Signature: _ Date: _