

Web: [www.bondhealthcare.com](http://www.bondhealthcare.com)

Phone: 028 9033 9968

Fax: 028 90 950 881

**TIMESHEET DEADLINE IS 10.00a.m ON MONDAY**  
**PLEASE FAX TO 028 90 950881**

Agency Worker's Name..... Week commencing Monday.....

Client Name.....

Client Address.....

Hours claimed must be exclusive of breaks. Please state part hours in decimals

15 mins = 0.25 hrs  
30 mins = 0.5 hrs  
45 mins = 0.75 hrs

	START	LUNCH	FINISH	BASIC HOURS	Sign here only if "IN CHARGE"
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					
<b>TOTAL HOURS</b>					

**TEMPORARY WORKER**

I certify that the hours worked are true and correct.

Temp Signature: .....

**CLIENT APPROVAL**

We certify that the total hours above are True and Correct and we agree to be invoiced in accordance with the terms of business already agreed.

Client Signature ..... Position ..... Date.....