

Temp Worker Time Sheet

Temp/Contractor Name: _____ Name of Company: _____

National Insurance Number: _____ Supervisor Name: _____

Job Title: _____

Date	Start Time	End Time	Less Breaks	Total Regular Hrs.	Overtime Hrs.
WEEKLY TOTALS:					

I hereby certify the total hours shown above are a correct record of the hours worked by the Temporary Worker and I agree to be invoiced accordingly. In signing this timesheet I accept the current terms and conditions for the Introduction of Temporary Workers by MCS Group. I also accept that should the Temporary Worker be recruited permanently then MCS Group introductory fees for permanent placements will become payable. Invoices for Temporary staff are payable immediately upon receipt.

Client Name: _____

Client Signature: _____

Client Position: _____

Date: _____

Completed timesheets should be send to belfast@mcsgroup.jobs by 11am on Monday each for the following week.

Please note, late timesheets are likely to result in a delay of payment of wages.