

Name Employee: _____

Name Company: _____

Month: _____

Date	SA= Saturday H = Hols S= Sick	SO= Sunday BH = Bank Hol A= Accident	Working hours	Overtime add on 25 %	Overtime add on 50 %	Notes
1.						
2.						
3.						
4.						
5.						
6.						
7.						
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21.						
22.						
23.						
24.						
25.						
26.						
27.						
28.						
29.						
30.						
31.						
Total						

Mandatory: Salary can only be paid if the time sheet is signed by the employee and the deployment company. A company stamp is required.

Employee:

Company

First, last name: _____

Employee: _____

Company: _____

(signature)

(stamp and signature)