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|---------------------------------|--|
| Candidate's Name | |
| Limited Company (If Applicable) | |
| Client Name | |
| Week Ending Date | |

| | Start | Lunch | Finish | Days/Hours worked |
|-----------|-------|-------|--------|-------------------|
| Monday | | | | |
| Tuesday | | | | |
| Wednesday | | | | |
| Thursday | | | | |
| Friday | | | | |
| Saturday | | | | |
| Sunday | | | | |

| | |
|--------------------|--|
| Total hours worked | |
|--------------------|--|

Client's Confirmation: I confirm that the total hours shown here shall be invoiced to my company at the agreed rate.

MANAGER TO RETAIN SIGNED COPY

Candidate's Confirmation: I confirm that this is an accurate record of time I have worked.

Candidate's Signature

Client's Signature.....Position.....

Print Name (Client).....

Please send this back to timesheets@redsofalondon.com or fax it to +44 (0)20 3006 8882.