Weekly Timesheet

Week of: dd / mm / yyyy   to   dd / mm / yyyy

Employee name:	Client:
Title:	Supervisor:

DAY	DATE	START TIME	END TIME	REGULAR HOURS	OVERTIME HOURS	TOTAL HOURS WORKED
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
WEEKLY TOTAL						

Employee's Declaration:

I hereby certify that this is a correct record of the hours worked by me and that no injuries were sustained. I undertake to treat as confidential all work performed by me on this assignment. I acknowledge my responsibilities with respect to health and safety whilst at work.

Client's Declaration:

I am an authorised signatory for my company. I have signed to confirm that the hour(s) above have been worked satisfactorily and are accurate and that payment will be made in respect of this. We accept that an introduction fee will be charged by Legacy Healthcare, should an offer of employment be made by us.

Client signature:	Date:
Employee signature:	Date:
Supervisor signature:	Date:

Note:
Wages will not be paid until a timesheet has been signed by you and the client and returned to Legacy Healthcare.