Candidate: (First name and surname)	TIMESHEET **KentSCP**
Client Company:	Week Ending: SUNDAY _____ /____/_____
Working address:	DD MM YY

*** 24-HOUR CLOCK * BLACK OR DARK BLUE INK * ALTERATIONS MUST BE COUNTERSIGNED BY CLIENT ***

	MON	TUES	WEDS	THURS	FRI	SAT	SUN
From							
Break							
To							
Basic hours							
Wakenight hours							
Sleep-in? (mark as 1)							
Total hours worked (excl. sleep)							
Hours pay (if different)							
Client Signature	x	x	x	x	x	x	x
Name							
Position							
Date signed							

OFFICE USE ONLY

Timesheet analysis

	TOT HR BASIC
	TOT HR W/ NIGHT
	TOT No. SLEEPS

ANALYSIS

Met deadline? Y / N

Readable? Y / N

Authorisation complete? Y / N

Booking on? Y /N

Candidate Signature:	Please Fax **signed** timesheet to **01622 752761** **Before** 17:30 on Monday
Date: / /	

KENT SCP TERMS AND CONDITIONS APPLY – CONTACT OFFICE FOR DETAILS – CLIENT SIGNATURE CONFIRMS HOURS