



# Alexander Associates

Recruitment & Training

Title	Initials	Surname

Client name, address and telephone no:

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Reporting to:

Department:

Normal Working Hours:

Accounts & Payroll  
Southpoint House, 321 Chase Road, N14 6JT  
Tel: 0845 539 2 539 Fax: 0845 539 2 549

[www.alexanderassociatesuk.com](http://www.alexanderassociatesuk.com)  
[info@alexanderassociatesuk.com](mailto:info@alexanderassociatesuk.com)

Company registration number 4189464  
Managing Director - Aklie Alexander F.R.E.C.

**Please make a copy of this timesheet for the client**

Please ensure we receive your timesheet by no later than 9.30am on a Monday morning to ensure that it is in time for payroll. Original timesheets are also required. Please ensure these are posted Thank you

Week Ending:	Timesheet No:

TO BE COMPLETED BY TEMPORARY		
	Lunch	Hours Worked
Mon		
Tue		
Wed		
Thur		
Fri		
Sat		
Sun		
Overtime hours:		
Total Hours Worked:		

**TO BE COMPLETED BY THE CLIENT**

I certify that the number of hours recorded have been satisfactorily worked and that the payment in respect of these including any overtime that may be due will be made according to the terms and conditions overleaf which I have received from you and accepted as the basis of this transaction.

Date: .....

Print Name: .....

Position: .....

Client Signature: .....