

**Fax To: (01) 614 7442**

Timesheets must  
be received by  
12pm Monday

**Employee Name:** \_\_\_\_\_

Week Starting: \_\_\_/\_\_\_/\_\_\_      Week Ending: \_\_\_/\_\_\_/\_\_\_  
(Monday)                                      (Sunday)

**Client Name:** \_\_\_\_\_

Please ensure that your name and the name of the client you worked for are filled in clearly



Please round to the nearest 15 mins (e.g. 15/30/45/00)

Day	Start Time	Total Breaks Taken	Finish Time	Hours @ Basic	Hours @ 1.5	Hours @ Double	Paid Holidays	Public Holiday
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
<b>Total Hours</b>								

Employee Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Client Name: \_\_\_\_\_

By signing this timesheet I authorise Thornshaw to pay the employee all hours claimed and bill accordingly

**Before sending this timesheet please ensure that you and your manager have signed the timesheet and that all hours are filled in and totalled correctly**