



## Weekly Time Record

### Client Company

Company Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Agency Worker

Name \_\_\_\_\_

Grade Band \_\_\_\_\_

I the undersigned certify that the hours shown below have been completed to my satisfaction by the above named agency worker, and that non-working time has been deducted where applicable from the calculated total worked hours. I confirm that I am able to authorise payment of the appropriate charges for the worked hours.

Day	Date	Start Time	Finish Time	Non-working time deducted	Total Working Hours	Authorised by: Job Title:	Signature
Monday							0.00
Tuesday							0.00
Wednesday							0.00
Thursday							0.00
Friday							0.00
Saturday							0.00
Sunday							0.00

<b>Total Hours in Week</b>	0.00	0.00	
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