

TIMESHEET



Please retain one copy for your records, pass one copy to your Supervisor and return one copy to The Temp Desk on email (admin@thetempdesk.com) or fax (713205) by 5 pm on Friday to ensure accurate payment.

NAME: ----- WEEK ENDING: -----

COMPANY NAME: -----

	Morning (hours)	Afternoon (hours)	Hours (total)
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			

TOTAL HOURS -----

Client Declaration

I confirm that the services provided by this Temporary Worker for the hours stated above have been acceptable to our requirements. Signing this agreement constitutes acceptance of the services provided by both the Temporary Worker and The Temp Desk at OSA, and the Terms and Conditions of Business as stated by The Temp Desk at OSA.

Candidate Signature: _____ Date: / /

Client Signature: _____ Date: / /

TO BE COMPLETED BY THE CLIENT PLEASE:

Appraisal System

Please score your Temp out of 5 (1 being the lowest, 5 being the highest) in the following areas:

Presentation	Communication with other staff	Accuracy of work	Attendance/ Timekeeping	Honesty/ Reliability

We like to use this scoring system as a way to monitor and improve our services whilst working with temporary candidates and would therefore greatly appreciate your assistance.