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TIME SHEET

No: _____

Full name of Employee:..... Employee No.:..... Grade/Band worked: :.....

Name of Client:..... Ward/Dept:.....

Address:

Week commencing: Monday ____ / ____ / ____

NB: Completed Time Sheets must be handed or faxed to the office by 12 noon the following Monday signed by the Client / Authorised Client representative.

Day	Date	Start time (24hr clock)	Break time (Hours/Min)	End time	Total hours worked	Day / Night	Client's signature	Print Name	Date DD/MM/YY	Client's comments
Mon										
Tue										
Wed										
Thu										
Fri										
Sat										
Sun										

Total hours worked

Total hours worked:
(written in words)

To be completed by Client

I certify that the above hours worked by the Agency worker are correct and I accept the Terms of Business of Paramount Options Ltd (a copy is available on request) and should be invoiced accordingly .

Full name:..... Position:.....

Signature:..... Date:.....

Hours worked and Authorised: ____ hrs ____ mins, In words:

White : Office Yellow : Staff Pink : Client

Company Registered address: 145-157 St John St, London EC1V 4PW, Reg No: 7642766