

# TIMESHEET - for all staff

CC Number

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Discipline

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*Please see notes on reverse*

Initial

J	
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Last Name

L	A	W	R	E	N	C	E			
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Staff Number

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If Agency/Other, please tick:

Please tick if this is a continuation sheet

Week ending date (Sunday)

0	4	0	6	0	8
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(in format ddmmy unless in USA where format is mddy)

Job Number	Suffix	Phs/Wkstg	Hours in week	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Job Description / Comments
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Standard week

0	7	3	7	8	9	0	1				

4	0	0

Standard hours each day

8.00	8.00	8.00	8.00	8.00		

BE General Admin

**Total standard hours**

4	0	0
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8.00	8.00	8.00	8.00	8.00		
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Overtime to be recorded

*NOT for Agency and Other Staff*


2	1	8

Overtime hours each day

0.5	2.5	4.5	3.3	5.0	6.0	


**Total overtime to recorded**

2	1	8
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0.5	2.5	4.5	3.3	5.0	6.0
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**TOTAL HOURS RECORDED**

6	1	8
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8.5	10.5	12.5	11.3	13.0	6.0
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Invoicing organisation: \_\_\_\_\_

Invoice number: \_\_\_\_\_

Signed by - Agency or Other Staff: \_\_\_\_\_

Approved by - Authorised signatory: \_\_\_\_\_

Invoice rate per hour

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