



Week Ending (Sunday): \_\_\_\_\_  
 Full Name (print): \_\_\_\_\_  
 Client Name: \_\_\_\_\_  
 Site Location: \_\_\_\_\_

We must receive this timesheet **signed** by an authorised member of staff and the working candidate no later than 10AM MONDAY.

Email: timesheets@corusconsultancy.com  
 Tel: 0208 269 0000 Fax: 0207 183 9776

Day	Job/Trade	Detail/Run	Start Time	Finish Time	Break	Worked Hours	Office use
Mon							
Tue							
Wed							
Thur							
Fri							
Sat							
Sun							
<b>Total</b>							

I hereby certify the total hours above are a correct record of the hours worked for the Temporary Worker, I have already deducted the breaks and understand that these hours will be used to calculate the charge for basic/overtime hours. I also accept the Corus Consultancy terms & conditions to be legally binding. I am authorised by the client to sign this timesheet.

I confirm that I have not been involved in any accident/incident that has resulted in me suffering injury or a near miss at any time during the hours on site. (If you have had a near miss/ accident/ incident or suffered injury, please inform the site management team). This statement is not intended to exclude or limit liability by the client for personal injury or fatal accident.

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

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Office Invoice Add: \_\_\_\_\_

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

Date: \_\_\_\_\_