

Top copy: AGENCY Middle copy: CLIENT Bottom copy: TEMPORARY WORKER							<h1 style="margin: 0;">ABLE <i>the Agency</i></h1> <h2 style="margin: 0;">TIME SHEET</h2>			TEL: 0114 261 7474    FAX: 0114 261 7577 E-mail: mailroom@abletheagency.com www.abletheagency.com Petre House, Petre Street, Sheffield, S4 8LJ			
NAME:										<b>All time sheets must have -</b> * <b>Daily client signature</b> * <b>Or (Where no signature available) an attached daily digi print out</b>  <b>All Timesheets must be sent to the office NO LATER than 18.00 Sunday (via e-mail or MMS)</b>			
W/E (SATURDAY):													
CLIENT'S NAME:							Use separate timesheet for each client						
SITE ADDRESS:													
DATE	START 24 Hr Clock	FINISH 24 Hr Clock	BREAK	NET	P.O.A. Hrs Mins	NIGHT OUT	AGREED EXPENSES*	CLIENT SIGNATURE	CLIENT NAME PRINTED	POSITION	DIGI DOWNLOADED		
SUNDAY													
MONDAY													
TUESDAY													
WEDNESDAY													
THURSDAY													
FRIDAY													
SATURDAY													
WEEKLY TOTALS (MUST BE COMPLETED)					Hrs Mins	Hrs Mins	£	*RECEIPTS MUST BE ATTACHED AND AGREED WITH THE CLIENT					

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