

TIMESHEET

SECURITY CREW



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Employee Name	
Job Role	
Client Name	

W/C: / /

Date	Shift Start	Break Start	Break Finish	Shift End	Total hours
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Total hours for the week					

Employee name:

Signature:

Date:

Client Name:

Signature:

Date:

By submitting this timesheet, the candidate acknowledges that all hours recorded are accurate and reflect the actual time worked during the specified period. The candidate is responsible for ensuring that all entries are truthful and completed. Any false reporting or misrepresentation of hours of work may result in the delayed payment until a full investigation can be conducted.

The company reserve the right to verify and audit timesheet data and make corrections if necessary.

Failure to submit a timesheet by 10am on Monday's deadline may result in delayed processing of payment.

Before submitting, all timesheets must be counter signed by a member of staff within a position of authority in the Supervisor Name and signature section of this document.