



# TIMESHEET

Temporary Worker Name:

Week/**Ending:**

Company Name:

**Company Address:**

Note to temporary worker: please complete this timesheet, deducting time not worked for all breaks.

The Client company representative should sign the timesheet at the end of each shift.

This should be delivered to Operational Chef Consultant by 10am on Monday.

Note to Client: please check and confirm the hours worked. By signing this document you are confirming that you are authorised to sign and confirm the hours on this timesheet and that you acknowledge and agree to Operational Chef Consultant terms of business.

	Start Time	Finish Time	Less Breaks	Total Hours	
Monday					Client signature:
Tuesday					
Wednesday					Please print name:
Thursday					
Friday					Position:
Saturday					
Sunday					Date:
			Total hours:		

Return to [temp@operationalchefconsultant.com](mailto:temp@operationalchefconsultant.com)

Please send to your consultant every Monday morning once been signed by the line manager. Failure to do this may result in a delay on your payment

TEMP/PERM CHEFS - PRIVATE EVENTS - BUSINESS CONSULTANCY

03455120178 [info@operationalchefconsultant.com](mailto:info@operationalchefconsultant.com) [www.operationalchefconsultant.com](http://www.operationalchefconsultant.com)

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