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Client Details:

Interim's Name	
Reporting To	
Job Title	

Please note; all time sheets must be signed by both parties and returned to the office by 9am on Monday

Date & Day Worked		Start Time	Break Duration	Finish Time	Agreed Overtime	Hours Worked
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
Total Hours worked						

Confirmation: client's signature _____ Date _____

Confirmation; interim's signature _____ Date _____