Fax To: (01) 522 7333 Timesheets must be received by 12pm Monday	**Employee Name: _____** Week Starting:____/_____/____ (Monday) Week Ending:____/_____/____ (Sunday) **Client Name: _____** Please ensure that your name and the name of the client you worked for are filled in clearly

Day	Start Time	Total Breaks Taken	Finish Time	Hours @ Basic	Hours @ 1.5	Hours @ Double	Paid Holidays	Public Holiday
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
			Total Hours					

Employee Signature: _____

Comments: _____

Client Signature: _____

Client Name: _____

By signing this timesheet I authorise Flexsource to pay the employee all hours claimed and bill accordingly

Before sending this timesheet please ensure that you and your manager have signed the timesheet and that all hours are filled in and totalled correctly

It is the responsibility of each candidate to ensure that their timesheet is received by Flexsource by 12 noon each Monday
Failure to meet this deadline will result in a delay in your payment