grafters (Scotland) Ltd

Tel: 0141 611 7771 **Fax: 0141 778 3272**

EMAIL ADDRESS: _____

please fax/post timesheets to above to arrive no later than MONDAY NOON*

COMPANY:	**WEEK ENDING SUNDAY DATE**

Name										
Job Title										
Day/ Date	BASIC	OT	BASIC	OT	BASIC	OT	BASIC	OT	BASIC	OT
Mon										
Tue										
Wed										
Thur										
Fri										
Sat										
Sun										
Total										

DO NOT INCLUDE LUNCH BREAKS

Supervisors signature certifying regular hours X	Please Print Name X	**Date Signed**	**NOTE** A timesheet signed by an authorised representative of the Client will be deemed as confirmation of the final hours for invoice/pay purposes and as such no deductions from invoices will be accepted.
Supervisors signature certifying overtime hours	Please Print Name	**Date Signed**	

FOR OFFICE USE ONLY

EMP CODE	HOURS	PAY	HOL PAY	CHARGE	HOURS	PAY	CHARGE	ORDER No