AGR

Timesheet

Candidate Name :	Authorising Supervisor Name :	Additional Comments
Week Ending:	Position:	
Client:	Vessel:	
Position:	Date:	

Day:	T	N	D	Hours Worked		Client Authorisation
Monday:						
Tuesday:						Supervisor Signature:
Wednesday:						
Thursday:						
Friday:						Client Signature :
Saturday:						
Sunday:						Date :

CLIENT AUTHORISATION

I hereby confirm that the hours worked have been by the Temporary Worker, all breaks have been deducted and all work carried out by the Temporary Worker has been checked and that I am satisfied with the standard of work. I have read , signed and understood a copy of your terms and conditions of business