

This timesheet must be with your consultant before end of business Friday or at the very latest 9am on Monday morning. Failure to meet this deadline will result in a delayed payment.



Company:  Title/Dept:   
 Employee:

Tel: +353 (0) 1 687 6461

Email: [info@flexistaff.ie](mailto:info@flexistaff.ie)

Web: [www.flexistaff.ie](http://www.flexistaff.ie)

Week Starting: Monday  /  /  Sunday  /  /

	Start Time	Finish Time	Total Hrs. worked ex. lunch breaks	Overtime Hrs. x 1.5	Overtime Hrs. x 2	Break 1 Received (Yes/No)	Break 2 Received (Yes/No)	Requested Holiday Leave	Please give reason if breaks were not received
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									
Total Hrs:									

Employee Signature: \_\_\_\_\_  
 Comments:

Client Signature: \_\_\_\_\_ Client Name:   
 Please rate your temp: 1 - 5; 1 being poor & 5 being excellent: 1  2  3  4  5   
 Comments:

Before sending this timesheet please ensure all hours are totalled correctly and that you and your manager have signed that all hours are correct. Please scan/email the authorised timesheet to: [info@flexistaff.ie](mailto:info@flexistaff.ie)

If a client engages a Temporary in a temporary/permanent position within 12 months of the completion by that Temporary of his/her assignment with the client, the client will be liable to the company for the temporary/permanent introduction fee. By signing this timesheet I authorise FlexiStaff to pay the employee all hours claimed and raise an invoice accordingly.