



Gifted

WORKFORCE SOLUTIONS

Gifted Workforce Solutions Ltd, 8 Gilpin Road, London, E5 0HL

OFFICE: 020 8533 3978 FAX: 020 8985 4781

timesheets@giftedworkforce.com

TIMESHEET

★ Please complete this form fully to avoid delays in payment

★ Please complete ONE form per client

★ Scan and submit your timesheet in PDF Format only

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**! YOU MUST RETURN YOUR
TIMESHEETS BY 10AM
MONDAY FOR PROMPT
PAYMENT.**

Full Name: _____ Job Position: _____ Week Ending Sunday: _____

Client Name: _____ Client Address: _____

	Date	Time In	Time Out	Length of Break	Time In	Time Out	Client Signature	Total Hours
MON								
TUE								
WED								
THUR								
FRI								
SAT								
SUN								
I confirm that the above hours are a true record of my work for this client, and claim my wages accordingly, as per the terms of my contract.							Total Hours Worked	

Client comments

Client Notice: We certify that the above staff has attended his/her assignment with us at the stated times and to our satisfaction. We agree to be bound by the Terms and Condition of Gifted Workforce Solutions

Staff Declaration:

The above information stated are an accurate record of hours I worked. Staff Signature: _____