



Weekly Time Record

Name

Client Address

Position

Day	In	Out	Break Taken	Overtime Hrs.	Date	Sign	Total Hours
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
						Total Hrs.	

I confirm that the staff named above has successfully worked the above hours. I am the authorised member of the organization for which I am confirming the above hours. The hours worked and expenses will be paid in accordance with our terms of business.

Name :

Position :

Sign :

Date:

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