

Client .

W/E

DATE	SITE/LOCATIONS		TIME	SIGNATURE	HOURS	RATE
MON		Time In				Basic
		Time Out				Overtime
		Time In				Basic
		Time Out				Overtime
TUES		Time In				Basic
		Time Out				Overtime
		Time In				Basic
		Time Out				Overtime
WED		Time In				Basic
		Time Out				Overtime
		Time In				Basic
		Time Out				Overtime
THUR		Time In				Basic
		Time Out				Overtime
		Time In				Basic
		Time Out				Overtime
FRI		Time In				Basic
		Time Out				Overtime
		Time In				Basic
		Time Out				Overtime
SAT		Time In				Basic
		Time Out				Overtime
		Time In				Basic
		Time Out				Overtime
SUN		Time In				Basic
		Time Out				Overtime
		Time In				Basic
		Time Out				Overtime

Notes:Office use only

Approved By: _____ Date: _____

Fax: 01273-690929
Tel: 01273 690059

**Please ensure your timesheet reaches
AGS main office by 5pm on Monday**