

# WEEKLY TIME SHEET

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WEEK NUMBER:
CLIENT NUMBER:

CLIENT:
DEPARTMENT:
ADDRESS:
CITY:

REGISTRATION NUMBER:
NAME:
DATE OF BIRTH:
ADDRESS:
CITY:

DAY	START	FINISH	TOTAL HOURS	NORMAL RATE %	OVERTIME %	TO BE FILLED IN BY ADAMS' MULTILINGUAL RECRUITMENT	
						Travel costs	Miscellaneous costs
Mon.							
Tues.							
Wed.							
Thurs.						Pay rate	Charge rate
Fri.						Normal	Normal
Sat.						Overtime	Overtime
Sun.							
			<b>TOTAL</b>				

WE DECLARE THAT THE ABOVE NAMED TEMPORARY STAFF HAS WORKED THE HOURS STATED AND TO OUR SATISFACTION

DATE:

STAMP AND SIGNATURE OF CLIENT:

WHITE COPY TO BE GIVEN TO THE CLIENT. THE YELLOW COPY IS TO BE KEPT BY THE TEMPORARY STAFF.

ROUND HOURS OFF TO THE NEAREST QUARTER OF AN HOUR.

TIME SHEETS TO HANDED IN ON FRIDAY AFTERNOON, OR AT THE LATEST BY 12.00 P.M. THE FOLLOWING MONDAY.