

TIMESHEET

Please complete the fields below, have it signed by your supervisor and return to West Coast Personnel for processing.

Employee Name: _____ Surname: _____

Position: _____ at Company: _____

Date: _____ 20_____

Hours Worked (workweek starts on Monday, ends on Sunday):

	Date (dd/mm)	Time: On Duty	Lunch (no. of hours)	Time: Off Duty	Total hrs worked: Day
Mo					
Tu					
We					
Th					
Fr					
Sa					
Su					
Total no. of hours worked - Week					

Employee Signature*: _____

Supervisor Signature**: _____ Date: _____ 20_____

***Signed timesheets** to be faxed (086 615 2854) or scanned and mailed to West Coast Personnel (des@wcp.co.za) **before Tuesday 12:00**. Please call your consultant on tel: +2721 5562313 for enquiries.

****Client Notice:** In signing this timesheet, West Coast Personnel assumes that your company was satisfied with the work performance of the Employee, and thus indemnifies West Coast Personnel of all discrepancies that may arise after the signing of this timesheet. Your company should notify West Coast Personnel of any irregularities arising from the duties performed by the employee before signing this timesheet, after which no queries will be accepted. If any discrepancies do arise during the performance of duties West Coast Personnel should be informed immediately, where after such events should be recorded in writing and forwarded to West Coast Personnel. Your Company may not employ the above employee in any capacity for 12 months after the last date of employment **without notifying** West Coast Personnel, in which case placement fees will become due.