



Time Sheet for Monthly Temporary Assignment

Company _____
 Address _____
 Name of Applicant _____ ID Number _____
 Bank & A/C Number _____
 For the month of _____

Day	Date	Start Time	Lunch Hour	End Time	Overtime	Day	Date	Start Time	Lunch Hour	End Time	Overtime
Mon						Mon					
Tue						Tue					
Wed						Wed					
Thu						Thu					
Fri						Fri					
Sat						Sat					
Sun						Sun					
Mon						Mon					
Tue						Tue					
Wed						Wed					
Thu						Thu					
Fri						Fri					
Sat						Sat					
Sun						Sun					
Mon						Mon					
Tue						Tue					
Wed						Wed					
Thu						Thu					
Fri						Fri					
Sat						Sat					
Sun						Sun					

Total Working Day(s): _____ Total Overtime Hour(s): none

I/We hereby certify that the total hours shown above were satisfactorily worked and that payment will be made upon receipt of relevant invoice (s).

Client's Signature _____ Name/Position _____

Official Use Only