WEEKLY TIMESHEET

Please return your completed Timesheet to our payroll team by EMAIL to [payroll@theopragroup.com](mailto:payroll@theopragroup.com) by 10am on Monday Morning. If we do not receive your timesheet by Monday we will be unable to process your payment.

|  |  |  |  |
| --- | --- | --- | --- |
| Candidate name |  | Client |  |
| Weekending date |  | Client department |  |
| Manager |  | Client location |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Day (date) | Start | Break (mins) | | Finish | Total hours |
| Monday |  |  | |  |  |
| Tuesday |  |  | |  |  |
| Wednesday |  |  | |  |  |
| Thursday |  |  | |  |  |
| Friday |  |  | |  |  |
| Saturday |  |  | |  |  |
| Sunday |  |  | |  |  |
|  | | | Total hours worked  (excluding breaks taken): | |  |

I hereby certify that the details given above are a correct record of the hours, worked by this temporary worker. I understand that an invoice will be raised from this timesheet. I also accept the Terms of Business of OPRA Group Limited. I am authorised by the client to sign this timesheet.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | | |
| Signatory name |  | Date |  |