WEEKLY TIMESHEET

Please return your completed Timesheet to our payroll team by EMAIL to 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 |  |