



Candidate Name				
Limited Company / Umbrella				
Client Name				
Week Ending Date				
	Start	Lunch	Finish	Day / Hours worked
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Total hours worked				

Client Confirmation: I confirm that the total hours shown here shall be invoiced to my company at the agreed rate.

MANAGER TO RETAIN A SIGNED COPY

Candidate Confirmation: I confirm that this is an accurate record of time I have worked.

Candidate Signature.....

Client Signature.....

Position.....

Print Name (Client).....

Please send this back to [bheckels@blacksofalondon.com](mailto:bheckels@blacksofalondon.com) or fax it to +44 (0)20 3006 8882.