



Time Sheet for Hourly Staff Assignment

Total Number of Normal Working Hour(s): _____ Total Number of Overtime Hour(s): _____

Name of Registered Candidate: _____ ID Number: _____

Company /Firm Name of Client: _____ Client Work Location: _____

Position: _____ Department: _____

Employment Status: *Temporary / Part-time / Contract*

Bank Name, Payee Name & A/C Number: _____

Day	Date (dd/mm)	Start Time	Less Lunch	Finish Time	Total Hrs (Normal)	Total Hrs (O.T.)	Day	Date (dd/mm)	Start Time	Less Lunch	Finish Time	Total Hrs (Normal)	Total Hrs (O.T.)
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							Total						

CLIENT APPROVAL: Approval includes verification of Normal and O.T. hours worked and also acceptance of George Miller HR Recruitment's Terms of Business. This time sheet must be approved and duly signed by the client within 2 days upon receipt the same from George Miller Limited and returned to George Miller Consultant for preparing the debit note(s) for Client's payment.

Candidate Signature: _____ Date received: _____

Approved by Client (Signature & Company Chop): _____ Name & Position in Company/Firm : _____