



Time Sheet for Monthly Temporary / Part-time / Contract Staff Assignment

For the month of: _____ Total Number of Working Hour(s): _____ Total Number of Overtime Hour(s): _____

Name of Registered Candidate: _____ ID Number: _____

Company/ Firm Name: _____ Work Location: _____

Position: _____ Department: _____

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

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

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					

Signature by Registered Candidate: _____ Approved by Client (Signature & Chop): _____