



ESCAPE

Agency Worker Timesheet

Agency Worker Name:	
Contracted to:	
Week Commencing:	

Date	Start Time	Finish Time	Total Hours Worked			Holiday Hours Taken	Shift Rate
			Standard	Overtime 1	Overtime 2		
Total Hours							
Total Hours Combined							

Authorised By (Name):	
Position :	
Signature:	

Please complete and return to:

Email: timesheets@escaperecruitment.com
 Fax: 01506 517208

Escape must receive authorised timesheets no later than 10.30am on Monday to ensure payment on Friday.

