



Fax To: (01) 614 7442 Timesheets must be received by 12pm Monday	Employee Name: _____ Week Starting: ___/___/___ Week Ending: ___/___/___ (Monday) (Sunday) Client Name: _____ <small>Please ensure that your name and the name of the client you worked for are filled in clearly</small>
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Day	Start Time	Total Breaks Taken	Finish Time	Hours @ Basic	Hours @ 1.5	Hours @ Double	Paid Holidays	Public Holiday
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
Total Hours								

Employee Signature: _____ Comments: <div style="border: 1px solid black; height: 100px; width: 100%; margin-top: 5px;"></div>

Client Signature: _____ Client Name: _____ <small>By signing this timesheet I authorise CPL to pay the employee all hours claimed and bill accordingly</small>
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Before sending this timesheet please ensure that you and your manager have signed the timesheet and that all hours are filled in and totalled correctly