



Candidate Name: _____

Week Ending: _____

Employer: _____

HOURS WORKED								
	MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL
HOURS								
BREAKS								
OVERTIME								
TOTAL HOURS WORKED								

Employer signature: _____

Position in Company: _____

Please complete, ensuring supervisors or managers signature appears and return by Tuesday 12 noon at latest to Fax no: 02890 436544.

We certify that the total hours shown in boxes above are true and correct and we agree to be invoiced accordingly by Ashton Recruitment. If he/she should at any time be taken onto our staff before the agreed 13 weeks, we acknowledge that an introduction fee will be made payable, based on the scale of fees in force at that time. We also acknowledge that we have read and agree to the Terms and conditions of Business of Ashton Recruitment