# SIGMA STAFFING
YOUR TALENT PARTNER

## Timesheet

**Contractor Name:** _____ **Week Starting Date:** _____

**Contractor Job Role:** _____ **Week Ending Date:** _____

**Client / Company Name:** _____ **Client / Company Location:** _____

| Date (DD/MM/YYYY) | Day (Mon – Sun) | Time In (00:00) | Time Out (00:00) | Break (hrs) | Time In (00:00) | Time Out (00:00) | Total Hours (hrs) | Signature |
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**Client Staff Name:** _____ **Total Hours:** _____

**Client Designation:** _____ **Contractor Signature:** _____

**Client Signature:** _____ **Total Pay:** _____

**Notes:**

**Client Stamp:**

STAMP

**Date:** _____ **Signature:** _____

### CLIENT FEEDBACK

Please help us improve the quality of our service by ticking any of the boxes below and signing underneath.

| Excellent | | Good | | Satisfactory | | Poor | |
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