



TO BE COMPLETED BY TEMPORARY STAFF MEMBER

Name	Job Title

Date	Start	Break	Finish	Total (Exl. Breaks)
Saturday				
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Standard Hours	Overtime Hours
Total Hours Worked	



Please return to your local branch by 10.00am
Monday to ensure payment is made.

TO BE COMPLETED BY COMPANY (PLEASE PRINT)

Company Name _____ Contact _____

Address _____

CERTIFICATE OF HOURS WORKED AND ACCEPTANCE OF OUR 14 DAYS PAYMENT TERMS

*I certify that the total hours worked including those at special rate have been satisfactorily worked and that payments in respect of these will be made in accordance with the Terms of Business of **Key Personnel Group Ltd**, our introduction and transfer fees are outlined on the reverse. I can confirm that I have received and agreed prior to receiving the service a full copy of the Terms of Business of Key Personnel Group Ltd. THE AMOUNT INVOICED LARGELY REPRESENTS WAGES ALREADY PAID. YOUR CO-OPERATION IN EARLY SETTLEMENT WOULD BE GREATLY APPRECIATED. PLEASE ENSURE A COPY IS RETAINED FOR YOUR RECORDS.*

Signed Print name..... Position..... Date.....

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