



PORTFOLIO CREDIT CONTROL

Company Name: _____

Candidate's Name: _____

Company Address: _____

Candidate Position: _____

Telephone: _____

Week Ending: _____

HOURS WORKED

(Exclusive of lunch hours and traveling time)

- PART HOURS - AS A DECIMAL (EG ½ HOUR = 0.5)

	STANDARD HOURS (TO NEAREST ¼ HOUR)	OVERTIME HOURS	TOTAL HOURS
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			
TOTAL			

Approved by: _____

Position: _____

Date: _____

NB: Terms of Business Strictly 7 Days

The deadline for timesheets is Monday 10am.

failure to submit your timesheet by this time will result in non-payment. Please email timesheets to

wages@portfoliocreditcontrol.com