

FAX your timesheet to: 800 448 1632

EMAIL your timesheet to [sgtimesheets@roberthalf.com.sg](mailto:sgtimesheets@roberthalf.com.sg)

**FOR PAYROLL QUERIES PLEASE CALL 800 448 1664**

PLEASE ENSURE YOU SELECT YOUR DIVISION:

Finance & Accounting

Management Resources

Client		Employee name	
Address		Week ending	

PLEASE ENTER TIME TO THE NEAREST QUARTER OF AN HOUR (00;.25;.50;.75)

*Please note that you have to omit your lunch hour when you write your total hours worked at the Grand Total column.*

SUMMARY OF HOURS WORKED						OFFICE USE ONLY			
	Date	Regular Time	Overtime Time & half	Overtime Double Time	Grand total	NT	OT ½	DT	Grand Total
Mon									
Tue									
Wed									
Thur									
Fri									
Sat									
Sun									
<b>Total hours worked</b>									

I certify that the hours and days shown on this timesheet are correct and were worked by me at the client above.

Candidate Signature \_\_\_\_\_ Date \_\_\_\_\_

**CLIENT APPROVAL**

The total hours as shown on this timesheet are correct. By signing this Client Approval we acknowledge our receipt and acceptance of the general conditions of assignment and the terms of payment.

Client signature \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

Client Name (Print) \_\_\_\_\_

Visit our website at [www.roberthalf.com.sg](http://www.roberthalf.com.sg)