

Temporary Agency Paralegal Timesheet

Name: _____
 Client: _____ Week ending Sunday (DD/MM/YY): _____

Please enter the Client Name, your name and the Week Ending Date
 Use the 24 hour clock when recording your start and finish time
 Record all hours to the nearest 15 minute
 Record all file/project numbers if applicable
 Deduct all breaks including lunch breaks.
 Clearly detail holiday & sickness

Information	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
Client/Project Description Start-End time No of hours							
Client/Project Description Start-End time No of hours							
Client/Project Description Start-End time No of hours							
Client/Project Description Start-End time No of hours							
Client/Project Description Start-End time No of hours							
Breaks							
Total Hours							

Please sign and date your timesheet and ensure that your supervisor signs your timesheet and keeps a copy. Please copy the timesheet for yourself and the client and then post or FAX (01206 233501) a copy to Origin Paralegal by Monday 12:00 to ensure payment. **Please note - it is your responsibility to ensure that Origin Paralegal receives your timesheet.**

Basic Hours:
Overtime:
Total Hours:

TO BE COMPLETED BY THE CLIENT	
Contact Name: _____	Position: _____
Client Signature: _____	Date: _____
TO BE COMPLETED BY THE CANDIDATE	
I declare that the contents of this timesheet are true. In the event of a dispute regarding claimed hours/days, I will be liable to repay any	
Name: _____	
Signature: _____	Date: _____