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## TIME SHEET

**Week Commencing:** .....

**Company / Department Name:** .....

**Temp's Name:** .....

| Day                           | In | Lunch | Out | Hours | Overtime      |
|-------------------------------|----|-------|-----|-------|---------------|
| Monday                        |    |       |     |       |               |
| Tuesday                       |    |       |     |       |               |
| Wednesday                     |    |       |     |       |               |
| Thursday                      |    |       |     |       |               |
| Friday                        |    |       |     |       |               |
| Saturday                      |    |       |     |       |               |
| Sunday                        |    |       |     |       |               |
| <b>Normal Hours</b>           |    |       |     |       |               |
| <b>Approved Overtime Rate</b> |    |       |     |       | X1   X1½   X2 |
| <b>Overtime Hours</b>         |    |       |     |       |               |
| <b>Total Hours</b>            |    |       |     |       |               |

Signature of the time sheet by the Client constitutes acceptance of the Miracles Limited Terms and Conditions of Business, that the temporary Worker's services have been provided for the hours indicated on the time sheet and that such services have been satisfactory. Invoices regarding the above Temporary Worker are presented weekly and are payable within 14 days of the date of issue.

**ONLY TO BE COMPLETED BY COMPANY REPRESENTATIVE  
 PLEASE RETURN ORIGINAL TO TEMP. RETAIN A COPY FOR YOUR RECORDS**

**Total Hours worked by Temp:** .....  
(figures) (number of hours in words)

**Overtime Hours worked by Temp:** .....  
(figures) (number of hours in words)

**Approved and signed by:** ..... **Print Name:** .....

**Direct Telephone No:**..... **Email:** .....

**Company / Department:**..... **Date:** .....

**Order No if applicable:** .....