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NAME:				P(OSITION:		BAND:	
				w	ARD:		WEEK ENDING:	
	Date	Start Time	Finish Time	Less Break	Total Hours	Approver Signature	Approver Name	Reference Number
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

By approving hours on this timesheet I hereby confirm that the above hours are correct. I further acknowledge and accept the terms and conditions of your temporary Placement(s) contract. I acknowledge that if we hire this temporary person as permanent or temporary staff, a placement fee shall be paid to MPA Recruitment.

PLEASE ENSURE TIMESHEET IS COMPLETED IN BLOCK CAPITALS AND BLACK INK
DEADLINE FOR TIMESHEETS IS 9AM MONDAY