



## Victor Connections Ltd

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Week Ending:            /            /
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Client				Employee's name:		
Address				Job title:		
Day	Date	Start	Finish	Break	Total	Client remarks/signature
Mon						
Tue						
Wed						
Thu						
Fri						
Sat						
Sun						
<b>TOTAL HOURS WORKED</b>						

I certify that I have checked the times and agree that the hours shown above have been worked by the named employee and should be invoiced accordingly.

**Authorised Name**.....**Position**.....**Sign**.....

**White copy:** Office

**Yellow copy:** Employee

**Pink copy:** Client

