

**TIMESHEET**

Candidate name:

Client name:

Week ending:

					<b>To be completed by Supervisor or Colegal only</b>	
	<b>Matter</b>	<b>Start time</b>	<b>Time taken for Lunch</b>	<b>Finish time</b>	<b>1.5 x Overtime</b>	<b>2 x Overtime</b>
<b>Monday</b>						
<b>Tuesday</b>						
<b>Wednesday</b>						
<b>Thursday</b>						
<b>Friday</b>						
<b>Saturday</b>						
<b>Sunday</b>						

Please note that time will be recorded to the nearest quarter hour.  
This form must be signed by your supervisor before submitting to Colegal for payroll.  
Queries tel: 020 7639 8295

Supervisor signature:

date:

Candidate signature:

date: