



70 Anson Road, Hub Synergy Point, #10-05/07, Singapore 079905 Tel: 6225 5856 Fax: 6225 5901

Date: _____
Code: _____ / _____

Individual Employee Monthly Timesheet

NAME: _____ NRIC : _____ TEL: _____ COMPANY/POSITION: _____	COMPANY: _____ DEPT/ATTN TO: _____ ADD : _____
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DAY	DATE	START TIME	END TIME	BREAK TIME	ALLOWANCE (Shift/M meal)	WORKED HRS	For Official Use
Mon							NT: OT:
Tue							
Wed							
Thu							
Fri							
Sat							
Sun							
Mon							NT: OT:
Tue							
Wed							
Thu							
Fri							
Sat							
Sun							
Mon							NT: OT:
Tue							
Wed							
Thu							
Fri							
Sat							
Sun							
Mon							NT: OT:
Tue							
Wed							
Thu							
Fri							
Sat							
Sun							

Pay Rate : _____ Allowance: _____ Total Pay : _____	Bill Rate : _____ Allowance: _____ Total Bill : _____	Total NT: Total OT:
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ACKNOWLEDGEMENT

<p>This certifies that the total hours above have been satisfactorily worked and that payment will be made accordingly to JOBSTUDIO's terms of business. OT payable after _____ hours per week.</p> <p>.....</p> <p align="center"><i>Client's Signature & Designation/Company stamp/ Date</i></p>	<p>i) Completion of contract: YES / NO ii) Extension of contract till date: _____ I certify that the above recorded is correct.</p> <p>.....</p> <p align="center"><i>Employee's Signature/ Date</i></p>
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Please note that timesheet submission date is on the last day of the month.
 We wish you a pleasant working experience with our client!