



## Time Record (Days/Hours)

Please notify us of any anticipated holiday over the next month.  
 Please ensure that all times are decimalised.

CONSULTANT: \_\_\_\_\_

CONTRACTOR COMPANY: \_\_\_\_\_

CLIENT: \_\_\_\_\_

MONTH: \_\_\_\_\_

|               | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Total | Week Commencing:            |
|---------------|--------|---------|-----------|----------|--------|----------|--------|-------|-----------------------------|
| Normal Units  |        |         |           |          |        |          |        |       | _____                       |
| Premium Units |        |         |           |          |        |          |        |       | Contractor Signature: _____ |
| Total Units   |        |         |           |          |        |          |        |       | _____                       |

Authorised by: Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature by client represents acceptance and approval of hours worked.