



CONTRACT-MONTHLY TIME SHEET

Name of Employee: _____	NRIC No.: _____
Bank's Name: _____	Account No.: _____

For the month of: _____

No.	Date	Time Started	Time Finished	Less Lunch Period	Total Hours		Remarks
					Normal	Overtime	
1							
2							
3							
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30							
31							

Company name:		
Company Stamp	Authorised Name	Employee's Signature

MAIN OFFICE

8 Eu Tong Sen Street #14-89
The Central Singapore 059818
Tel : +65 6737 2414 Fax : +65 6227 9668

ALEXANDRA BRANCH

460 Alexandra Road #15-03A
PSA Building Singapore 119963
Tel : +65 6226 2414 Fax : +65 6221 7317

ACCOUNTS DEPARTMENT (Alexandra office)

Tel: 6226 2414 Fax: 6221 7317
Email : accs@temp-team.com.sg

The undersigned on behalf of the company hereby certify and confirm the above stated hours and agree to the terms and conditions of services and payment as indicated by TEMP-TEAM Pte Ltd.

* Candidate: Important to ensure that this time sheet is completely filled up, duly signed and with company stamp.