

# WEEKLY TIMESHEET

Please ensure Timesheets are **SIGNED** and forwarded over before **MONDAY at 15:00h**.  
Timesheets received after the deadline will not be processed until the following week.

Please scan or take a photo of your timesheet and email it to  
[PAYROLL@InternationalMasterChefs.com](mailto:PAYROLL@InternationalMasterChefs.com)

Your Name:	Employee Name and Surname			
Your Position:	Employee Position (Kitchen Porter, CDP, Sous Chef, etc.)			
Consultant name:	Consultant responsible for booking your shift.			
Establishment name:	FoieGras Restaurant			
Establishment address:	91 Park Lane, St James			
Post Code:	WE1 2XY			

Day	Date (dd/mm/yy)	Start Time	Finish Time	Break (Hours)	Total Hours Worked
MON	01/10/2018	07:00	15:30	30 min	8h / 8h 00min
TUE	-	-	-	-	-
WED	-	-	-	-	-
THU	04/10/2018	15:00	23:00	30 min	7,5h / 7h 30min
FRI	05/10/2018	12:00	23:00	1 h	10h / 10h 00m
SAT	-	-	-	-	-
SUN	-	-	-	-	-
<b>TOTAL</b>	<b>Please calculate your hours HERE →</b>				<b>25,5h / 25h 30min</b>

I hereby confirm that the times and dates provided are correct.  
Additionally, I confirm that the signature on behalf of the Establishment side is indeed the signature of the representative of the establishment.  
I am aware that providing false or inaccurate information may result in rejection of payment or delay in processing.

Signature of  
Temporary Worker

Signature of  
Employee

Date:

09/01/2018

I/We hereby confirm that the hours provided are accurate. The quality of work performed meets our satisfaction, and we acknowledge the charges associated with these hours.

I/We agree to remit payment to International Master Chefs LTD within the agreed-upon payment terms.

Furthermore, I/We affirm that the terms and conditions outlined by International Master Chefs LTD constitute the sole terms of this contract.

Title

Position: GM,  
Head Chef etc.

Date:

09/01/2018

Print Name

Names of GM, Head Chef etc.

Authorized  
Establishment Signatory

Signature of GM, Head Chef etc.