



# 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	-	-	-	-	-
TOTAL	Please calculate your hours HERE →				25,5h / 25h 30min

<p>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.</p> <p>I am aware that providing false or inaccurate information may result in rejection of payment or delay in processing.</p> <p>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.</p> <p>I/We agree to remit payment to International Master Chefs LTD within the agreed-upon payment terms.</p> <p>Furthermore, I/We affirm that the terms and conditions outlined by International Master Chefs LTD constitute the sole terms of this contract.</p>	Signature of Temporary Worker	Signature of Employee	Date:	09/01/2018
	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.		