



Timesheet
 BlueStar Workforce B.V.
 Kooilandsedijk 14, 3291 LG Strijen
 The Netherlands
 Tel. +31 (0) 6 47 52 00 23
 Email: n.spies@bluestarworkforce.com

Employee: _____
 Client: _____
 Period/year: _____

Week No.	Project	Hours	MO			TU			WE			TH			FR			TOTAL						
			ST	≤2	>2	ST	≤2	>2	ST	≤2	>2	ST	≤2	>2	ST	≤2	>2	SA	SU	ST	≤2	>2	H1	Illnes
		Worked hrs																						
		H1 hours																						
		Illness																						
		Worked hrs																						
		H1 hours																						
		Illness																						
		Worked hrs																						
		H1 hours																						
		Illness																						
		Worked hrs																						
		H1 hours																						
		Illness																						
		TOTAL																						

Remarks: _____

No. of days worked (excl. SA/SU) : _____

Undersigned declares to have filled out this document truthfully and complete.

Employee signature: _____

Client signature: _____

Client name: _____

Date: _____

Date: _____

H1 = Holiday to be paid from reservation

< 2 = overtime up to 2 hours per day

> 2 = overtime more than 2 hours per day

Please e-mail this timesheet every last Friday of the four-week period to n.spies@bluestarworkforce.com