



Ce document est indispensable pour le calcul de votre salaire. Il doit être complété et signé par la société utilisatrice et vous-même. Merci de le retourner dans les 3 jours consécutifs à la fin de votre mission ou au plus tard le 5 du mois suivant. Votre salaire définitif sera payé le 10 du mois suivant votre mission.
This document is compulsory for the calculation of your salary. He must be completed and signed by the user company and yourself. Thank you for returning it within 3 days following the end of your mission or at the latest 5 of the next month. Your definitive salary will be paid 10 of the month following your mission.

| FEUILLE DE PRESTATIONS / TIME SHEET | | | | Mois Month | | Année Year | |
|---|--|--|--|---|--|--|--|
| SOCIETE UTILISATRICE / USER COMPANY | | | | INTERIMAIRE / TEMPORARY STAFF | | | |
| | | | | Nom / Name | | | |
| Nom / Name | | | | Prénom / Surname | | | |
| Fonction / Function | | | | Qualification | | Acompte : Advance : € | |
| Je certifie que les informations mentionnées sont conformes et véritables. I guarantee that the information mentioned is in accordance and real. | | Date | | Je certifie que les informations mentionnées sont conformes et véritables. I guarantee that the information mentioned is in accordance and real. | | Date | |
| | | Signature et cachet : Signature and stamp : | | | | Signature et cachet : Signature and stamp : | |

Pour chaque jour travaillé, complétez lisiblement les heures et minutes dans chacune des cases. / For every day worked, fill in legibly the hours and minutes in each of the compartments.

| Jours Days | Rubriques Categories | M | Heures Normales Normal Hours | Heures de nuit Night hours (22h-6h) | Heures Suppl. Overtime | Jours Fériés Travaillés Worked Holidays | Maladie Sick leaves | Congés Payés Paid Holidays | Formation Training | Commentaires Comments |
|---------------|---------------------------|-------|---------------------------------|---|---------------------------|--|------------------------|-------------------------------|-----------------------|--------------------------|
| | Affectation Assignment | N (*) | H:mn (Max 8h) | H:mn | H:mn (>8h) | H:mn | H:mn | H:mn | H:mn | |
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| TOTAUX | | | | | | | | | | |

* (M) Matin / Morning : 6-14 h (A) Après-midi : 14-22 h / Afternoon (N) Nuit / Night : 22-6 h