

80 John Davis Way, Watlington, Kings Lynn,
Norfolk. PE33 0TD

TEL: 07903 703678

MOBILE: 07547903498 / MOBILE: 07808024422

TEMP'S NAME:.....

CLIENT'S NAME:.....

CLIENT'S ADDRESS:.....

DAY	DATE	START	FINISH	BREAK	HOURS WORKED	REFERENCE NUMBER	AUTHORISED SIGNATURE
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
TOTAL HOURS WORKED							

We confirm hereby that the above - mentioned temporary worker has attended for assignment with us and total hours worked are correct and we will accept your invoice for the chargeable hours at the agreed rate. We agree to be bound by the Terms and Conditions of your Company.

Authorised Signature: Print Name:

NOTICE TO STAFF – Please note:

That it is your responsibility to ensure that your timesheet is correctly and neatly completed and signed by an authorised signatory of the Client.

That you should keep copies of your timesheets or record of the shifts worked.

That you must request for the reference number of every shift you are given and write the same on your timesheet.

Only timesheets that are duly signed with correct reference numbers shall be processed for Payroll.

All timesheets must be sent to the office **Promptly**. Any timesheet that is not submitted for more than Six Weeks after the shift is worked shall not be accepted for Payroll.

Payroll is run fortnightly and your timesheets must be received in the office either by post, email or fax, not later that **5pm on Tuesday of the Payroll Week**.