

TIMESHEET



PHONE 01753 424800

FAX 01753 267500

CLIENT NAME:	
TEMP. NAME:	
Wk. ending date:	
Type of work:	Report to:

CLIENT ADDRESS:

TO EMPLOYEE: Complete details below using nearest quarter hour.							
DAY WORKED	START TIME	FINISH TIME	BREAK	JOB NO	POA	ACTUAL HOURS WORKED	HOURS CHARGED & PAID
MONDAY:							
TUESDAY:							
WEDNESDAY:							
THURSDAY:							
FRIDAY:							
SATURDAY:							
SUNDAY:							
GRAND TOTAL							

Client Declaration: I am an authorised representative of the Client and the above total number of shift hours have been undertaken satisfactorily I agree to and payment will be made according to the Terms and Conditions of Business on reverse.

Signature.....Name.....Date.....
PLEASE CHECK ALL DETAILS CAREFULLY AS ERRORS CANNOT BE RECTIFIED AT A LATER DATE

Worker Declaration 1: *NB: Fraudulent recording is a criminal offence and may lead to legal action being taken against you.*

- I declare I have accurately recorded my time in this timesheet.
- I declare I have not been engaged in any work other than for Invicta Staffing during this week.
- I will notify Invicta Staffing immediately of any other periods of work that constitutes working time as defined under the Working Time Road Transport Regulations undertaken during this week for other employers or employment businesses that Invicta Staffing can maintain an accurate record of my weekly working time.

Signature.....Name.....Date.....

All timesheets must be received by Invicta by 09:00 each Monday following your week worked. Failure to do this may result in a delay of payment.