

Timesheet



To be completed by the Temporary Worker in full to the nearest 15 minutes only using the 24 hour clock

Your Name _____ Client Name _____
 Job Title _____ Client Address _____
 Your Signature _____ Client Contact Name _____

Please return your completed Timesheet to our dedicated Payroll team by FAX or EMAIL by 09.00am on Monday Morning

FAX: 01322 618115

EMAIL: payroll.team@swanstaff.co.uk

						To be completed by the Authorised Signatory after completion, please retain a <u>photocopy</u> for your records		
Date	Start Time	Finish Time	Hours Total	Total Breaks Taken	Total Hours Worked	Client Signature *	Name	Date
Mon ___/___/___								
Tue ___/___/___								
Wed ___/___/___								
Thu ___/___/___								
Fri ___/___/___								
Sat ___/___/___								
Sun ___/___/___								

*Declaration of Authorised Signatory: _____ Total _____

By signing this timesheet, I hereby certify that the details given above are a correct record of the hours, mileage and expenses of this temporary worker. I understand that an invoice will be raised from this timesheet. I also accept the Terms of Business of Swanstaff Recruitment Limited. I also confirm that I am authorised by the Client or, where applicable, the Local Authority, to sign and authorise this timesheet.

Official Use Only	
Timesheet No.	
Input By	